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Employee Benefits Survey
Collection Manual

U.S. Department of Labor
Bureau of Labor Statistics

June 1991

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May 31, 1991

TO: REGIONAL COMMISSIONERS FOR THE BUREAU OF LABOR STATISTICS
FROM: LAURA B. KING

SUBJECT: 1991 REISSUE OF THE EBS COLLECTION MANUAL

Enclosed is the 1991 reissue of the EBS collection manual. Changed text appears with a "|" in the right hand margin. EBS SO-70's through #70 are included in the changes.

Please note the following substantive changes:

<u>Sections</u>	<u>Revision</u>
1.1:	Updated information on survey scope and occupational scope.
2.3:	Expanded definitions of formal and informal plans, and added an exhibit.
2.4	Added information on using the correct employer identification number and plan number; clarified the difference between EBS and ECI reference periods.
2.6	Added instructions on small firms that pay employees to get their own insurance.
2.17	Added recommended procedures for collecting plan descriptions from secondary sources.
2.18	Added exhibit on the items that must be in a usable plan description.
3.5	Updated information on the nonresponse codes.
3.6	Added section on split schedules and specially sampled units.
4.1	Added information on new "ALL" and "NONE" coding.
4.3	Added information on leave benefits for workers on rotating shifts.
4.5	Expanded information on nonfixed and rotating shifts.
4.6	Added section on flexible work arrangements.

- 4.9 Added information on vacation plans for workers on a rotating shift.
- 4.10 Provided new instructions on coding vacation for commissioned workers.
- 4.11 Added instructions on coding number of holidays for police and firefighters.
- 4.12 Expanded this section to provide information on new State parental leave laws, and provided more detail on existing State laws.
- 4.17 Added an example on combining multiple sick leave plans.
- 4.19 Provided new information on coding sick leave plans that provide flat dollar amounts.
- 4.20 Added information on coding leave for commissioned workers.
- 5.2 Added section on using probability proportionate to size (PPS) methods when there are fewer incumbents than plans.
- 5.4 Added section on creating EIN/PN's for State and local governments
- 5.5 Added section on employee's contributions to insurance and retirement plan.
- 5.6 Added procedures for response codes.
- 7.2 Added instructions on flexible benefit plans.
- 9.2 Put in new examples on health plan types.
- 10.2 Put in new examples on coding retirement plan type
- 10.7 Clarified definitions on Individual Retirement Accounts (IRA's) and Simplified Employee Pensions (SEP's).

HOW TO KEEP THE EBS COLLECTION MANUAL UPDATED

From time to time you will receive replacement pages to the EBS Collection manual which incorporate revisions made to the text or exhibits. Replace the appropriate pages of your manual with the replacement pages immediately so that your manual is up-to-date.

Normally, you will receive replacement pages annually. If major changes or clarifications are needed during survey collection, we will issue replacement pages as soon as possible.

All pages of this reissue will be dated 06/91. Replacement pages will have the date that the pages were updated, with the revisions printed in italics, and have a vertical line in the left hand margin.

The date of this page and the table below will be revised for each batch of replacement pages issued. Use the table to ensure that all pages are current. Do not attempt to collect the current Employee Benefits Survey unless you have the current year's update pages in the manual.

DATE	
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ORGANIZATION

This manual is organized and written in a structured format. Topics are covered in sections, one section per subject. Each section has a title, a topic paragraph which briefly summarizes the contents of the section, and the detailed information. Many sections also have accompanying exhibits which we hope will elaborate on or show an example of the explanation. Some topics are too small to have a separate section. In these cases, we have combined multiple topics into one section. However, for easy reference, the title lists every topic in a section.

ACKNOWLEDGMENTS

The Employee Benefits Survey Collection Manual was written by Jason Ford of the Occupational Pay and Employee Benefit Levels and Brandon Farlander of the Division of Directly Collected Periodic Surveys, under the supervision of Susan Cappa. Special appreciation goes to the following Washington Staff: Bill Wiatrowski for his technical assistance; and John Morton and Les Chappel for their helpful comments.

As always, a large share of the thanks must go to the regional Survey Managers and field economists. Their comments on the Manual and their past end-of-survey reports were valuable sources of information.

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1.0 SURVEY BACKGROUND

The Employee Benefits Survey (EBS) is the most comprehensive survey of the incidence and provisions of employee benefits conducted by the Bureau. Questions often asked concerning EBS are:

- What is the Employee Benefits Survey?
- Who developed the survey?
- Why was the survey developed?
- Who uses the data?

This chapter answers these questions, describes the sample design, and provides some basic information on the processing system.

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1.1 HISTORY AND BACKGROUND

The Employee Benefits Survey (originally the Level of Benefits survey) was developed to implement the Total Compensation Comparability (TCC) process, which would have compared the wages and benefits of private sector workers when setting Federal pay levels. In part, due to budget cutbacks, the Office of Personnel Management (OPM) did not use the survey data for TCC. However, the general need for benefit data was so great that many organizations, both private and public sector, now rely on the Employee Benefits Survey.

The pay comparability system (data provided through the BLS Professional, Administrative, Technical and Clerical Pay Survey) provides a statistical basis on which recommendations for Federal pay rates are made, but ignores an important element of compensation--benefits. Preliminary research concerning total compensation comparability (TCC) was conducted by the Office of Personnel Management (OPM), from 1974 through 1979. OPM then requested that BLS conduct a pilot survey on the level of employee benefits; the survey was a subsample of the PATC survey.

OPM chose a level-of-benefits method of evaluating the benefit data: BLS collected detailed plan provisions and OPM calculated what it would cost the Federal government to provide its workers with the same benefits. Calculations were performed by complex computerized actuarial models. Due to budget restrictions, OPM had to discontinue their program. Meanwhile, the primary purpose of the EBS survey had shifted to providing the Bureau's many users with a valuable and unique source of comprehensive benefit data.

In 1990, The Employee Benefits Survey **began to be collected jointly** with the Employment Cost Index. This **joint collection** provides unprecedented provisions/costs/levels of benefits data at a savings of respondent and data collection time. In addition, Congress appropriated extra funds to enable the Bureau to link these surveys with the White Collar Pay salary survey, and provide comprehensive wage, costs, and benefits data for the first time.

1.1 HISTORY AND BACKGROUND (Continued)

While the Employee Benefits Survey and the Employment Cost Index look at many of the same benefits, the emphasis differs between the surveys. EBS concentrates on employer policies, reporting on the incidence of benefits and on the detailed characteristics. ECI focuses on the employer cost of providing benefits. Because of this distinction, EBS does not, for example, prorate leave items to account for eligibility periods; instead, EBS tabulates the existence and details of eligibility requirements as part of the provisions of the benefit. EBS is concerned with the policy, not the usage. Additionally, EBS focuses most of its attention on formal plans, those that have stated provisions. ECI, on the other hand, is concerned with the employer cost, whether the plan is formal or at the discretion of the employer.

One of the most noteworthy features of the Employee Benefits Survey is its ever-changing nature. The survey is unique in that it revises the amount of benefit detail collected to reflect the ever changing needs of the various users of EBS data and the developments made in the employee benefit field.

EXHIBIT 1.1AN EBS CHRONOLOGY

- 1960 - First PATC Survey
- 1962 - Federal Salary Reform Act establishes PATC as the basis for pay comparisons
- 1969 - Full implementation of salary comparability
- 1973 - General Accounting Office audit of the PATC survey recommends including state and local governments
- 1974 - Office of Personnel Management (then the Civil Service Commission) conducts preliminary research in response to GAO report
- 1975 - General Accounting Office study recommends that CSC develop "total compensation comparability" policy for determining federal pay. The President's Panel on Federal Compensation (Rockefeller Panel) reviewed the pay comparability process and concluded that benefits should be included in the measurement
- 1976-7 - Paid Leave Pilot Test in New Orleans Area Wage Survey
- 1977 - President's Reorganization Project (Federal Personnel Management Project) reviewed the pay comparability process

Fiscal 1977 Test Study for Civil Service Commission of Paid Leave Provisions (PATC)
Summer 1977 LOB Test of Insurance and Pension Benefits
- 1978 - Summer 1978 PATC/LOB Test of Sick Leave/Sickness and Accident Insurance
- 1979 - BLS LOB Pilot Survey
- 1980 to Present - BLS Employee Benefits Survey (EBS) (formerly LOB, from 1980-1984)
- 1987 - First State and Local Government survey conducted

EXHIBIT 1.1 (Continued)AN EBS CHRONOLOGY

- 1988 - EBS expands collection into smaller establishments (100-250 employees) and all service industries
- 1990 - EBS integration with ECI begins; EBS expands collection into small firms (1-99 employees) that are already in ECI as well as the ECI State and local government sample.

1.2 THE ROLE OF ERISA

The benefit plan descriptions that you collect are the primary source of data used for analysis. Because of the consistent numbering system devised by the IRS, each private employer has an Employer Identification Number (EIN) and each plan has a Plan Number (PN). BLS uses these identifiers to save analysis time and to increase the number of usable plans.

Background

The Employee Retirement Income Security Act of 1974 (ERISA) requires administrators of private employee pension and welfare plans to file certain reports on the plans with the Pension and Welfare Benefit Administration (PWBA) of the U.S. Department of Labor (DOL), the Internal Revenue Service (IRS), and the Pension Benefit Guaranty Corporation.

Among the information filed with PWBA are the Summary Plan Description (SPD) and form 5500 (Annual Report of Employee Benefit Plan). The SPD may be a pamphlet, plan description, policy, contract, handbook, booklet, etc., which describes the plan in detail. Form 5500 is an annual report filed with the IRS (with a copy sent to DOL), containing information on the total number of participants, financing, and the Employer Identification Number.

EIN's and PN's

The reports filed with PWBA are identified by an Employer Identification Number (EIN) and a Plan Number (PN). All private plan sponsors have a nine-digit EIN assigned to them by the Internal Revenue Service for tax reporting purposes; this number may be found on IRS Form 941 or 941E - Quarterly Withholding Statement. Plan sponsors assign their own three-digit plan number (PN) to differentiate among the various plans offered.

Because each plan sponsor has a unique EIN, BLS Washington uses these identifiers as the basis for their benefits system. Plans are filed by EIN and data can be accessed by EIN from the computer system.

Use of a national identifier like the EIN eliminates the need for Washington to analyze identical plans more than once when a corporation has several units in this year's survey, or when a large multi-employer plan appears over and over again. The EIN also reduces the chances of completely reanalyzing the same pension or insurance plan year after year. The current system also maximizes the number of plans reported and usable, since the Washington Office can consult its EIN file when plan descriptions are not available from the respondent. Thus, it is important to obtain proper EIN/PN's for each plan collected.

1.3 USES AND USERS OF EBS DATA

The Employee Benefits Survey provides representative data for over 90 million employees in the economy, including all sectors except farms, private households, and the federal government. Many organizations have found the EBS data to be useful. Some groups that have requested EBS data are:

- Labor organizations
- Universities
- Special interest groups
- Media
- Governments -- Local, State, Federal, and Foreign
- Private research organizations and consultants
- Private industry

The Employee Benefits Survey has quickly become a useful research and compensation tool for government, private industry, and the academic community. About 4,000 copies of the bulletin and several sets of microdata are sold annually.

Below are some of the questions that EBS has helped to answer:

1. Private Firms - How does our company benefit package compare with others? Is the deductible for our major medical plan higher than the norm? How many days off with pay do formal sick leave plans normally provide?
2. Professional Organizations - What is the extent and nature of mental health benefits offered in the private sector?
3. Insurance Companies - How frequently are health benefits self-funded by the employer?
4. Labor Organizations - How many employees are offered educational assistance?
5. Foreign Governments - How do health, defined benefit, and defined contribution plans in the U.S. compare with these benefits in our country?
6. Periodical Reporter - How many defined benefit plans have cost-of-living provisions to protect pensions from inflation?
7. OPM and U.S. Congress - What is the typical pension plan? (Used to develop the Federal pension plan for employees hired after 1983.)
8. Universities - What factors do employees consider when deciding whether or not to join an HMO plan?

EXHIBIT 1.3USERS OF EBS DATA

Some Representative Groups that have requested Employee Benefits Survey Data:

Labor Organizations

AFL-CIO
Service Employees International Union
American Postal Workers Union

Universities

Georgetown University
Wellesley College
Harvard School of Government
University of Michigan
Rutgers University
Brandeis University
Concordia University, Montreal

Media

CBS News
Changing Times
Forbes Magazine
Money Magazine
Newsweek
Pensions and Investment Age
Public Affairs Reporters
Washington Post
USA Today

Governments

U.S. Social Security Administration
Government of Thailand
Senate Committee on Aging
U.S. Postal Service
State of New York
Congressional Budget Office
City of Milwaukee
Pension Benefit Guaranty Corporation
United Nations
State of Tennessee
Congressional Research Service
Government of France
Office of Personnel Management
International Labor Organization, Geneva, Switzerland
City of Pittsburgh
Embassy of Algeria
General Accounting Office

Private Industry - Below are types of private firms requesting EBS data:

Banks
Electric and Gas Utilities
Hospitals
Major Department Stores
Major Electronics Firms

Major Health Maintenance Organizations
Management Consulting Firms
Manufacturing Firms
Stockbrokers
Telephone Companies

Private Research, Consultants, and Associations

Battelle Human Affairs Research Centers
Employee Benefits Research Institute
National Bureau of Economic Research
Research Institute of America
Life Insurance Research Marketing Assoc.

EXHIBIT 1.3 (Continued)Private Research, Consultants, and Associations (Continued)

American Psychiatric Association

Association for the Advancement of Retired Persons

Citizen's Commission on Pension Policy

Health Insurance Association of America

Jewish Welfare Board

National Resource Center for Consumers of Legal Services

National Urban League Research

Pension Rights Center

Profit Sharing Council of America

U.S. Chamber of Commerce

1.4 EBS SAMPLE AND SCOPE

For 1990, and all even-numbered years, EBS will study small establishments in private industry and State and local governments. In 1991 and all odd-numbered years, EBS will survey medium and large firms in private industry. Beginning in 1990, EBS will be linked with ECI.

Sample

For 1990 and all even-numbered years, EBS will expand to include approximately 1900 small private industry establishments. Small establishments have U.I. employments from 1-99.

EBS is also be collected in approximately 700 public schools, hospitals and other educational institutions that were previously initiated into the ECI.

At the same time, approximately 765 State and local government administrative units were initiated in 1991 into the EBS and the ECI surveys. Also, some medium and large establishments in replenishment groups will be collected.

For 1991, EBS will initiate approximately 1500 medium and large size establishments. For all odd-numbered years after 1991, EBS must update approximately 1500 medium and large private industry establishments that are currently in ECI. (Medium and large size establishments have an employment of 100 or more.) In addition, approximately 1100 firms of all sizes will be initiated into both EBS and ECI.

Survey Scope

The EBS 1990 **and even numbered years** survey scope consists of two parts:

- employees of all private sector establishments, except agriculture and households, **with assigned U.I. employments of 1 to 99 employees;**

and

- employees in State and local governments (any size unit).

The EBS 1991 **and odd-numbered years** survey scope consists of:

- employees of **all** medium and large private sector establishments, except agriculture and households, **with assigned U.I. employments of 100 or more employees.**

1.4 EBS SAMPLE AND SCOPE (Continued)

Geographic scope

If an establishment moves to another location in the United States, see the ECI Collection manual, Chapter D. EBS has adopted the ECI geographic scope, so that it is now collected in all 50 states. Use the establishment location given on the job match worksheet to aid you in identifying the collection unit, not to define geographic scope.

Occupational scope

The occupational scope includes full or part time employees covered by the Employment Cost Index, (ECI) and selected in the Reduced Job Match (RJM) procedure. Establishments with no employees eligible for selection under RJM are out of scope. (See ECI Collection manual, Chapter D, Section F, Job Matching, for a description of occupational selection).

EXHIBIT 1.4EBS SURVEY SCOPE

Note: Government units of 1 or more employees appear in the survey in even-numbered years. These units can be of any SIC.

<u>Industry Division</u>	<u>1987 1/ SIC Code</u>	<u>1990 + even years Assigned # of Employees</u>	<u>1991 + odd years Assigned # of Employ.</u>
Mining	10, 12-14	1-99	100 +
Construction	15-17	1-99	100 +
Manufacturing	20-39	1-99	100 +
Transportation, communication, electric, gas, and sanitary services	40-42, 44-49 <u>2/</u> .	1-99	100 +
Wholesale trade	50 and 51 <u>3/</u>	1-99	100 +
Retail trade	52-59	1-99	100 +
Finance, insurance, and real estate	60-67	1-99	100 +
Services <u>4/</u>	70, 72-73, 75-76, 78-84 86-87, 89 <u>2/</u>	1-99	100 +
Public administration <u>5/</u> ..	91-97	1 or more	N/A

- 1/ All future replenishment groups starting in 1989 will use the 1987 SIC Manual.
- 2/ Major Group 43, U.S. Postal Service and Major Group 88, Households, are out-of-scope.
- 3/ Wholesale trade will use the 1987 SIC Manual.
- 4/ Employment minimum for public schools and public hospitals is 1. Refer to the ECI Collection manual for instructions on statistical procedures.
- 5/ For State and local governments only; federal government is out-of-scope

1.5 EBS PROCESSING

This section describes, in general terms, the computer system used in processing EBS data. Three independent databases are used:

1. Survey Control Database (SCDB)
 2. Paid Leave Database (LDB)
 3. Retirement and Insurance System Database (RIS).
-

After the EBS reviewer signs off on your schedule, it is mailed to Washington. The Program Office reviews it again and does preliminary schedule coding. (For an outline of what the Program Office looks for in their review, see Section 12.5 of this Manual.) The schedule is then keyed and run through a program that slots the census occupations that you selected into the three EBS occupational groups. The resulting data for three occupational groups are then run through the normal Paid Leave and Survey Control Database edits. Washington staff analyze the insurance, defined benefit, and defined contribution plan descriptions that are included in the schedule. The staff also completes a book of questions, called a coding manual, that describes in detail each plan that you collected. The coding manuals are then keyed and processed by the EBS computer system.

The EBS computer system is a set of very sophisticated software (programs). The system uses an IBM product, IMS (Information Management System), to organize and store the data. This method of organized, logical storage is called a database. The system uses three databases: Survey Control Database, Paid Leave Database, and the Retirement and Insurance System Database. All EBS data are eventually channeled onto one of these three databases.

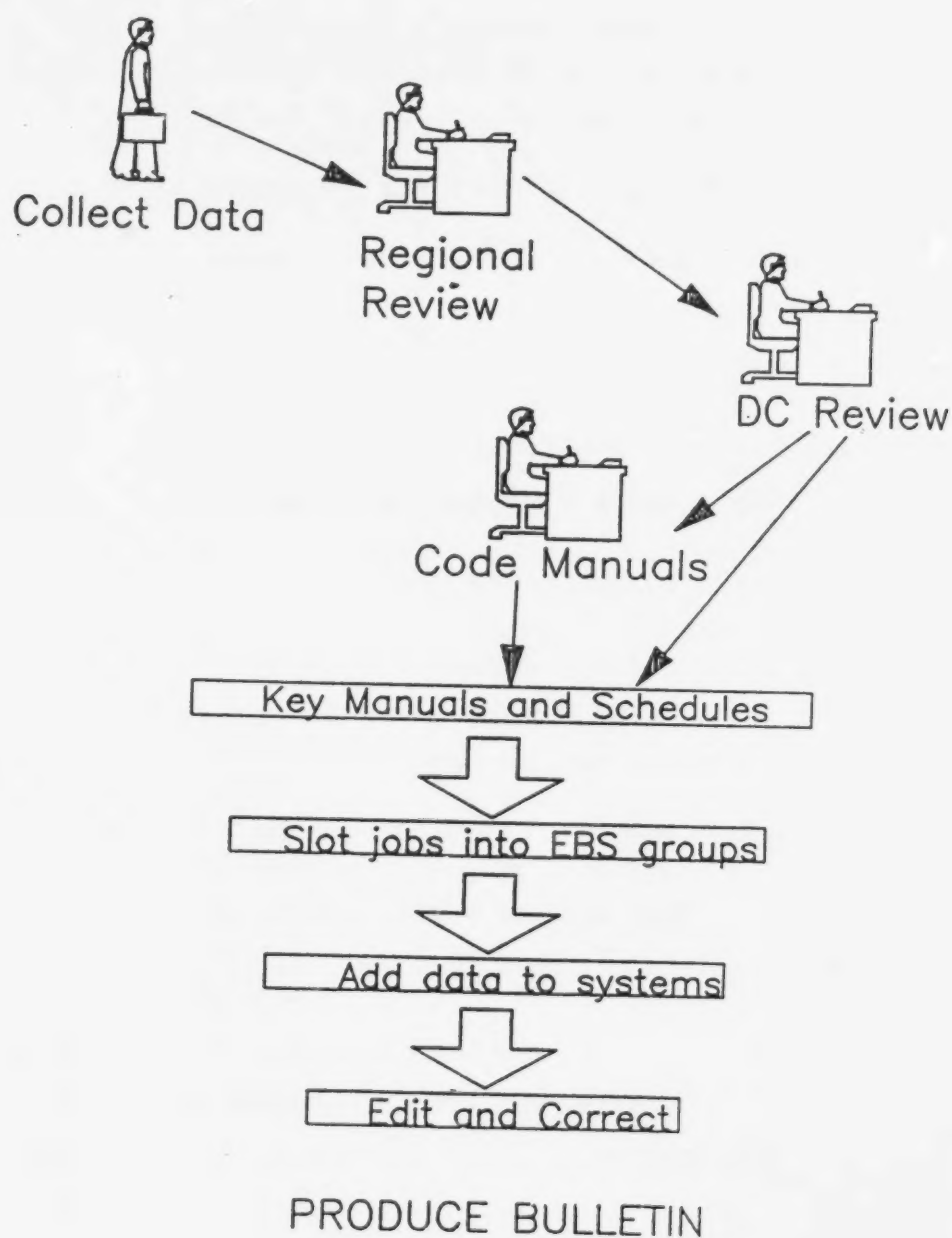
The SCDB includes all establishment data, including identifiers, number of workers in each occupational group, plan identifiers, plan participants, and a list of plan descriptions and pamphlets. Also, additional benefits data are here.

The Paid Leave database contains provision information concerning all paid leave plans plus work schedules. Specific plan provision and identifying information are found on this database.

1.5 EBS PROCESSING (Continued)

The RIS database contains provision data on insurance, defined benefit, and defined contribution plans. Plan provisions and identifiers pertaining to these benefit areas are found here.

The basic system is written in PL/I (Programming Language/I), another IBM product. Special programs update, edit, list, and format the data and perform all of the statistical computations required for nonresponse adjustments, tabulations, and special analytic reports.

EXHIBIT 1.5EBS PROCESSING FLOW - A SIMPLIFIED VERSION

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2.0 OVERVIEW OF COLLECTION INSTRUCTIONS

Before collecting EBS, certain basic questions must be answered, such as:

- Which occupation is covered?
- What am I collecting?
- From whom do I collect EBS?
- How can I collect it at the same time as ECI?
- How can I collect it using the ECI initiation schedule?

This chapter describes the concepts in EBS and answers the above questions.

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2.0 OVERVIEW OF COLLECTION INSTRUCTIONS (Continued)

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EXHIBIT 2.0

OVERVIEW of COLLECTION INSTRUCTIONS

HOW?

Personal visit
Mail or Phone

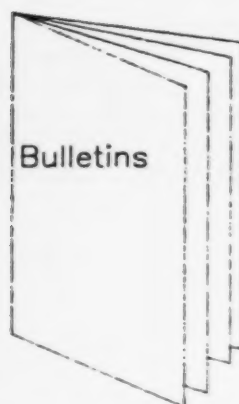
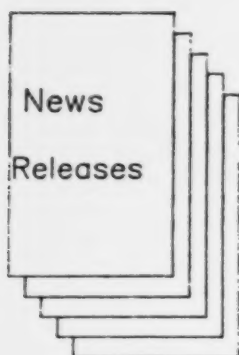
WHO?

Benefits specialist
Personnel
Accounting
(for EIN/PN)

WHAT?

EBS and ECI Surveys
paid leave provisions
participation
costs—employer and employee
eligibility
plus brochures

WHY?



2.1 OCCUPATIONAL COVERAGE

Collect EBS data for the occupations selected during the Reduced Job Matching (RJM) Sampling procedure. Using the census Occ. Codes that you assign, the computer system will slot the data into three EBS employee groups for publication purposes. **The groups are:**

1. The professional, technical, and related employees
2. The clerical and sales employees
3. The production and service employees

EBS now includes the same workers as ECI.

Collect EBS benefit and participation data for the workers selected during the Reduced Job Match. Included are workers not previously in-scope of EBS: part-timers, traveling operating employees, and executive management employees. Follow the RJM sampling procedures in Chapter D of the ECI Collection Manual.

Benefits for Part-Time Workers - Beginning in 1990, EBS will survey and **present data separately** for benefits provided to part-time workers.

Benefits for Executives; - Beginning in 1990, executive benefits are included in EBS. If you select an executive during the job matching procedure, check for the following executive benefits: More generous paid leave plans, supplemental life or health insurance and a variety of executive pension and stock plans. The paid leave and insurance plans can be coded just like any other plans. See the chapter of defined benefit and defined contribution plans for details on coding executive stock plans.

Elected officials that receive salaries are now in-scope for EBS.

Benefits for Police and Firefighters - As part of its even-numbered years collection of State and local government benefits, EBS will survey, and **separately present data on** benefits provided to police and firefighters. This group includes firefighters, personnel whose main duty is law enforcement, such as State and local uniformed police, detectives, and sheriffs, and personnel engaged in the administration of law enforcement, such as desk sergeants, lieutenants, captains, traffic enforcement agents, and parking enforcement agents.

2.2 DEFINITION OF A PLAN

A plan is an inseparable set of significant provisions in a single benefit area which is offered to one or more workers in a selected occupation. For life and health insurance, collect provisions covering dependents and retirees, also.

Information will be collected for benefit plans offered to the selected occupations. This concept differs from the old EBS practice of collecting information for all plans offered to three broad occupational groups in an establishment. However, the definition of a plan remains the same.

DEFINITION

A plan is defined as an **inseparable** set of **significant provisions** in a single **benefit area** which is **offered** to one or more **workers** in a **selected occupation**. Collect data on formal and informal plans (see Section 2.3).

Each term in **bold** type is explained below:

- a. An "**inseparable**" set of provisions is one that is offered as a single package; for example, an employee must be covered by either **all** or **none** of the provisions.
- b. "**Provisions**" are the specific details of the benefit.

A paid leave provision is "**significant**" if there is a question on the schedule form about the provision.

All insurance, defined benefit, and defined contribution plan provisions are significant.

- c. "**Benefit area**" is one of the 16 benefits (plus work schedule and additional benefits) in-scope of EBS.
- d. "**Offered**" means provided by the establishment, whether the benefit is administered directly by the establishment or by another company or group. The key is whether the establishment contributes to the actual cost of providing the benefit, over and above the administrative costs.

2.2 DEFINITION OF A PLAN (Continued)

- e. **"Workers in the selected occupation"** are current, active employees in the occupations selected using Reduced Job Matching procedures.

For life insurance and health insurance plans only:

Collect data on plans that cover dependents only; these are typically life insurance plans.

Collect data on retiree provisions of plans that cover current employees. For example, once an employee retires, health insurance continues but benefits are offset by Medicare. This is a provision of the company health plan that does not become effective until an employee retires.

2.3 DEFINITIONS OF FORMAL AND INFORMAL PLANS

EBS now includes both formal and informal plans. Collect informal plans, coding the box on the collection form that describes it as informal.

Collect data on both formal and informal benefit plans offered to the selected employees.

DEFINITIONS

"Formal" plans are established plans that may be either well-documented or unwritten. A formal plan is a continuing policy, one founded on a firm, lasting basis, providing the employee with a reasonable assurance of receiving the expected benefits if the employee meets the conditions stipulated in the plan. Include customarily observed arrangements.

"Informal" plans are usually not documented and are administered by the company in a discretionary manner. To be considered an informal plan, however, there must be incidence of granting the benefit (for example, usage), but the worker has no assurance of receiving the benefit. If there is no usage, there is no plan.

Coding a Benefit with Both Formal and Informal Provisions

Some plans may combine formal or established provisions with informal provisions. Report the formal plan only. Note the informal provisions in Remarks.

For example, Barchester Manufacturing Company has a sick leave plan with an established minimum benefit of 5 days per year. Any leave beyond 5 days is informally granted, depending on the supervisor's assessment of the individual situation. In this case, report the "established" part of the Barchester sick leave plan as one plan. Report the informal provisions in Remarks.

EXHIBIT 2.3

DIFFERENCES BETWEEN FORMAL, INFORMAL, AND NO PLAN

Formal Plan

- Reasonable assurance of receiving the expected benefit
- Will usually, but not always, have a written description

Informal plan

- No written description
- Administered on a case by case basis (discretionary)
- Indication of usage

No plan

- Discretionary but no record of usage.

2.4 PLAN SPONSORS AND PLAN ADMINISTRATORS

Each establishment has an EIN assigned by the IRS. EBS uses these numbers to identify plans. EBS collects the number of the plan sponsor, the organization that established and maintains the plan.

A plan sponsor is the organization that established and maintains the plan. While employers are the most common plan sponsors, plans may also be sponsored by employer associations, unions, or employee groups. Each plan sponsor is assigned an Employer Identification Number (EIN) by the Internal Revenue Service (IRS). Plan sponsors use plan numbers (PN's) to differentiate among plans offered by the sponsor. Each plan sponsor will have only one EIN, but may have many different PN's. For example, pension plans are numbered consecutively starting at PN 001; welfare plans are numbered consecutively starting at 501.

In addition, all plan administrators are assigned an EIN by the IRS. Plan administrators manage the assets, pay out benefits, and keep accounting records and reports current. When a plan sponsor administers its own plan or plans, the sponsor EIN and the plan administrator EIN are the same. When a sponsor does not administer its own plan or plans, you will find two EIN numbers: the plan sponsor EIN and the plan administrator EIN.

Often the plan sponsor EIN and PN are listed in the plan descriptions. Check the plan descriptions for these data. These data may also be available in the accounting department. **If a plan is offered to State Employees through a union, consider the union to be the sponsor.** See Chapter 5 for details on creating EIN's and PN's.

EBS needs the plan sponsor EIN. Plan administrator EIN numbers can not be used by EBS.

For State and local governments, always construct an EIN and a PN. Instructions for constructing the identifiers vary depending on who sponsors the plan, the State or the local government. See the section on EIN's for instructions.

EXHIBIT 2.4**WHICH EIN DO I USE?**

Jarndyce and Jarndyce Construction Company contributes to the cost of a sickness and accident insurance plan sponsored by Laborer's Local 999. The plan, however, is administered by Dodson and Fogg Trust Company.

In this example, the plan is **paid for** by the establishment (Jarndyce and Jarndyce Construction) **sponsored by** the union (Laborers' Local 999) and **administered by** another firm (Dodson and Fogg Trust Co.).

Report the EIN and PN of the plan sponsor, Local 999.

TERMS

- Plan Sponsor** - Establishes and maintains the plan (for example, creates the plan, negotiates benefits and funding, decides on changes)
- Plan Administrator** - Administers the plan (for example, manages the assets, pays out benefits, keeps accounting records, files reports)

2.5 GENERAL COLLECTION TOPICS: REFERENCE PERIOD, ROUNDING RULE, AND CONVERSION FACTORS

Reference Period - Collect **plan participation and employment counts** in effect as of the date of your contact.

Rounding Rule - Use the ECI rounding rule to round numbers to the nearest dollar, minute, day, etc.

Conversion Factors - Use ECI conversion factors to change time periods given into time periods that can be coded on the schedule.

-
1. **Reference Period** - Collect information for plans as **closely as possible** to the date of your contact.

That is, collect data on whatever policy is in effect at the time of your contact. For example, if you visit an establishment on January 25, and the company's vacation policy will change as of February 5, report the provisions in effect as of January 25.

Do not be confused when the benefits actually granted in the last year differ from the current policy. Report whatever policy is in effect at the time of your visit. For example, if a plan started providing 9 full holidays beginning January 1, report 9 full days even though the employees have not actually received 9 days yet.

It is not necessary to coordinate the EBS and ECI reference periods. The EBS reference month will be the month to which the data relate. For example, if your visit is on Feb. 20, you collect benefits in effect on that date and participation and employment counts as of that date as well (or at least as of February). If employment counts are not available at the time of your visit, recontact the establishment when they become available. The collected benefits must apply to reported participants. It will not be necessary to update the EBS schedule each quarter to reflect provisions changes.

2.5 GENERAL COLLECTION TOPICS: REFERENCE PERIOD, ROUNDING
RULE, AND CONVERSION FACTORS (Continued)

2. **Rounding Rule**- Many data items require you to round the data to the nearest dollar, cent, day, half-day, percent, etc. Whenever you must round a figure, use the following rule:

If the last digit is 1-4 round down. Thus, 6.3 would be rounded down to 6.

If the last digit is 6-9 round up. Thus, 8.6 would be rounded up to 9.

If the last digit is 5, use the next to last digit to determine whether to round up or down. If the digit is even, round DOWN (6.5 = 6). If the digit is odd, round UP (7.5 = 8).

3. **Conversion Factors** - Several questions ask for data in terms of certain time periods, for example, days, weeks, months, years. If the plan provisions are expressed in another unit of time, convert to the appropriate unit by using the regular work schedule applicable to a majority of workers participating in the plan. For example, one question asks for the sick leave eligibility period in terms of months. If a sick leave plan has a 500 hour eligibility period, convert it to a monthly figure by using the work schedule of the workers as a base. If the workers are scheduled to work a 40-hour week, divide 500 hours by a monthly conversion figure of $173.32 = 2.88$ or 3 months. See the exhibit below for a list of conversion factors.

These are the same conversion factors used by ECI.

EXHIBIT 2.5CONVERSION FACTORS

The following table of conversion factors will help you in converting reported time periods to equivalent but different time periods, such as weekly contribution rates to monthly rates.

Convert to Equivalent Data by Multiplying (X) or Dividing (/)

Quoted Data	Weekly	Bi-Weekly	Semi-Monthly	Monthly	Annual	Daily*	Hourly*
Weekly	-----	X2.0	X2.1665	X4.3333	X52.0	/5.0	/40.0
Bi-Weekly	/2.0	-----	X1.0833	X2.1665	X26.0	/10.0	/80.0
Semi-Monthly	/2.1665	/1.0833	-----	X2.0	X24.0	/10.83	/86.66
Monthly	/4.333	/2.1665	/2.0	-----	X12.0	/21.66	/173.32
Annual	/52.0	/26.0	/24.0	/12.0	-----	/260.0	/2080
Daily*	X5.0	X10.0	X21.6667	X10.8333	X260.0	-----	/40.0
Hourly*	X40.0	X80.0	X86.66	X173.32	X2080	X40.0	-----

*Assumes a 40-hour weekly work schedule

2.6 GENERAL COLLECTION TOPICS: BENEFIT FUNDS AND ALLOWANCES IN LIEU OF BENEFITS

Benefit Funds - Some companies pay into a fund that provides a benefit rather than paying for the benefit directly; determining the specific benefit provisions may mean a trip to an outside respondent.

Allowances in Lieu of Benefits - Companies that have certain government service contracts may choose to pay extra wages instead of providing benefits. Document this in Remarks, but do not code the allowance as a benefit plan except as noted below.

1. **Benefit Funds** - Some benefits, especially for unionized workers, are paid out of a fund to which the employer contributes. For example, a construction firm may contribute \$.50 an hour to the carpenter's pension fund.

Whenever you encounter a benefit fund, report it on the 3111 Form as a plan. If you can determine what provisions the fund provides, report them. (This may require a separate contact with a union, an employer association, or employee group.) If, however, you cannot determine the specific provisions, enter an explanation in the Remarks section.

For insurance and pension plans, be sure to collect the EIN/PN's and the current plan descriptions describing the fund. This will usually require a separate visit to a union, an employer association, or employee group. Collect these data just as you would for any other plan. In addition, enter the amount of the employer's contribution in the Remarks section of the EBS schedule as well as on the ECI schedule. Many union-sponsored plans (for example, Teamsters) have benefit provisions that vary by employer contribution.

For vacation funds, see Section 4.10, Paid vacations, for special coding procedures.

2.6 GENERAL COLLECTION TOPICS: BENEFIT FUNDS AND ALLOWANCES
IN LIEU OF BENEFITS (Continued)

2. **Allowances in Lieu of Benefits** - Some establishments pay extra instead of providing benefits or contributing to a benefit fund. For example, employers working under the Service Contract Act may elect to pay their employees an allowance in addition to the basic wage rate instead of providing the locally prevailing benefits. Do not consider these allowances to be benefit plans. Indicate in the appropriate Remarks section that an allowance in lieu of benefits exists and which benefits it replaces.

Note: Small firms may pay employees a flat dollar amount or reimburse employees who purchase their own insurance (typically health insurance). These funds will be allocated for a specific benefit area, rather than in lieu of a benefit package as a whole. Consider such payments as EBS plans and code them in the appropriate benefit area -- that is, the benefits the payment is intended to replace. Try to obtain as much data on the individual plans as possible (descriptions, type of plan, name of plan, etc.).

2.7 CONFIDENTIALITY OF EBS DATA

If it is necessary to contact a person outside the company for provisions or cost data, be sure to get approval from the respondent. Because of public interest in benefit provisions, BLS sells tapes of EBS data in unidentifiable form to research organizations.

Confidentiality During Collection - It may be necessary to contact an organization other than the sample establishment to obtain employee benefits data. This is most likely when obtaining plan identification information or plan descriptions from plan sponsors or administrators, such as unions, employer associations, insurance agents, and insurance companies.

The confidentiality procedures described below apply whenever you have to identify the establishment to an outside organization in order to complete the schedule:

- (a) Request verbal permission from the respondent to contact other organizations to secure the necessary data. Inform the respondent that you may have to identify the organization as a sample member of the survey.
- (b) Record the results of this request, including the name and title of the respondents who give or refuse permission, in the Remarks section of the 3111 Jacket.
- (c) Strictly honor a respondent's request that outside officials not be contacted or that the establishment's participation in the survey not be disclosed. Indicate in the Remarks section which data items were rendered unavailable because of the respondent's request.
- (d) If permission is given, identify the sample establishment to the plan sponsor, administrator, union, insurance agent, etc. only when necessary and to the degree required to obtain the data.
- (e) Enter in the Remarks section whether or not identification of the sample establishment to outside officials was necessary to obtain the data.

Confidentiality of Micro-data - Because of a growing interest in benefits information, BLS sells computer tapes containing unidentifiable micro-data by benefit area for each EBS year. Users are research organizations interested in benefits.

2.8 COLLECTING SCHEDULES NEW TO BOTH EBS AND ECI

In order to reduce the reporting burden on the respondent, we recommend that you follow certain steps for new schedules:

1. Make an appointment and explain data request
2. Select the occupations
3. Determine which plans they receive
4. Request plan descriptions for these plans
5. Complete the form from the plan descriptions
6. Recontact the respondent to clarify questions
7. Refer requests for out of region data to your survey manager.

The same instructions apply for repeat sample members; however, it is not necessary to request new plan descriptions every year if the plans have not changed.

In order to reduce the reporting burden on the respondent, we recommend that you follow these steps when collecting EBS data for new schedules.

1. During the initial phone call, ask the respondent to gather all relevant plan documents - for example, pamphlets, plan descriptions, employee handbooks, contracts or policies describing each of the insurance, defined benefit, and defined contribution plans to be studied, and employee handbooks for leave plans to be studied.
2. On the initial visit, select the occupations to be studied, determine which benefits they get and how many of the selected workers participate. For insurance, defined benefit, and defined contribution plans filed under ERISA, obtain the EIN and PN. For additional benefits, obtain the eligibility figures by selected occupation.

2.8 COLLECTING SCHEDULES NEW TO BOTH EBS AND ECI (Continued)

3. Obtain copies of the plan descriptions requested earlier. If plan documents are not available, ask if they will be available by the survey close-out.
 - if plan documents will be available by close-out, hold the schedule until they are received
 - if plan documents will not be available, describe the reasons for their absence, and when they will be available. Make every effort to get plan descriptions, even if a separate visit is required.
4. Use the plan descriptions (instead of questioning the respondent further) to complete the remaining provisions questions. This will greatly reduce on-site collection time.
5. Resume the interview or recontact the respondent to complete or clarify any questions not answered by the benefit plan descriptions. Or, if you are unable to secure copies of explanatory plan descriptions, use the Collection Workbook to help you obtain the answers to the 3111 questionnaire.
6. Notify your survey manager if EBS or ECI data are available from locations in another regional office.

EXHIBIT 2.8INITIATION COLLECTION PROCEDURESWith Respondent

Select Occupations using Reduced Job Matching procedures

Determine which plans the selected workers get

Using the Collection Workbook as a guide, record the provisions for paid leave, insurance and defined benefit and defined contribution plans

Ask for plan descriptions for insurance, defined contribution, and defined benefit plans

Determine the number of workers in the selected occupations that receive each benefit

Away from Respondent

Code insurance, defined benefit, and defined contribution provision details from plan descriptions either onto the form or onto the workbook.

Write up the collection form

Determine missing data

Obtain plan descriptions from outside parties (if necessary)Recontact Respondent

Clarify questions (for example, you find plans in plan descriptions that the respondent didn't mention during the interview)

Determine whether Out-of Region data are available

Notify your survey manager.

Final Write Up

Complete forms

Attach plan descriptions

Self-review

Washington Office Recontact (if necessary)

Clarify insurance, defined benefit, and defined contribution plan provisions. **The Washington office will contact the regional office prior to contacting a company.**

2.9 COLLECTING EBS DATA FOR SAMPLE UNITS ALREADY IN ECI

A large number of sample units may be new to EBS, but will be ECI update units. Generally, use the ECI schedule, plan descriptions, and summary of benefits form to complete as much of the EBS schedule as you can before contacting the respondent.

If the new EBS unit has already been initiated for ECI, there will be useful data already in the region. Use the ECI schedule form, the Summary of Benefits form and company plan descriptions to fill in EBS data. Then, collect the rest of the EBS benefit data by phone or by personal visit. Collect current EBS participation for the occupations selected for the ECI survey during initiation.

In order to keep cooperation high, do not request new plan descriptions during the EBS collection if you have current plan descriptions on file in the region. Check that benefits featuring company stock plans are also included in the plan descriptions. Company stock plans are currently excluded from ECI.

If there have been only minor changes since the ECI initiation, request only the supplemental data. The plan descriptions that you collected during initiation will be mailed in along with the supplements for use by the program analysts.

New plan descriptions (or supplements) should be requested if plan descriptions on file are three years or older.

EXHIBIT 2.9

COLLECTING EBS USING ECI DATA ON FILE

Before Contacting Respondent

Review the ECI initiation schedule, as updated
Check for copies of plan descriptions in the regional office
Precode the EBS schedule as much as possible using the ECI
schedule

With Respondent

Ask for missing EBS data
Ask for plan descriptions for insurance, defined
benefit, and defined contribution plans
How many selected employees receive each benefit

Away from Respondent

Fill in the blanks from the plan descriptions
Complete the collection form

Obtain plan descriptions from outside parties

2.10 WASHINGTON OFFICE RECONTACTS

If Washington has questions about the insurance, defined benefit, and defined contribution plan descriptions, recontacting the respondent(s) may be necessary.

Often, the Washington Office will have questions about the contents of the insurance, defined benefit, and defined contribution plan descriptions that you supply. **Washington may request authorization to contact the respondent, insurance carrier, or union directly to obtain this information.** Advise the respondents that **you or** Washington may be recontacting them or another person who can answer detailed questions about the plans. If possible, obtain the name and telephone number of the appropriate people for Washington to contact.

In order to lessen the number of phone calls to the same respondents, the EBS program office will notify the regions before contacting respondents. It may be possible to coordinate the phone clarification with an update. If, because of central office arrangements or other reasons, the respondents prefer to be contacted by the regional office staff, write "REGIONAL OFFICE RECONTACT ONLY" on the cover and all questions will be routed through the regional office.

2.11 REFUSALS, PARTIAL DATA, AND OTHER COOPERATION PROBLEMS

If an ECI survey establishment refused to cooperate, use your judgment as to whether to ask the respondent to participate in the EBS survey. Try to collect the same sample unit for both surveys.

REFUSALS

Use your judgment whether or not to ask respondents to participate in the EBS survey if they declined to participate in the Employment Cost Index survey. For example, establishments that are unable to supply the wage data crucial to ECI may cooperate fully in providing the provisions data necessary for EBS.

Data might not be available because the establishment dropped out of the quarterly update, in which case, it would be a refusal for both ECI and EBS.

PARTIAL DATA

Consider all three types of data (wages, benefit costs, and benefit provisions) in determining whether to collect data for an establishment or an occupation. If some but not all three types of data are available, use the following rules.

- Wage data only

If wage data only are available, collect the data for ECI. Consider the schedule or occupation a refusal for ECI benefits and for EBS.

However, if the unit is an ongoing wage-only schedule, it will be included in those requiring EBS collection (in the appropriate year). Attempt to get EBS data for these establishments, if benefits provisions data are available.

2.11 REFUSALS, PARTIAL DATA, AND OTHER COOPERATION PROBLEMS (Continued)

PARTIAL DATA (Continued)

- Wage and benefit costs only

If wage data and benefit costs data only are available, collect the data for ECI. But note that much of the data needed for EBS (such as paid leave provisions and insurance and retirement plan incidence) may be available as a by-product of ECI. The EBS schedule or occupation may be a refusal, or it may be usable with some data items not available.

An establishment is partially usable for EBS if you can complete RJM getting the appropriate number of hits, you can get the control information for each hit (group size, full-time/part-time, union/nonunion, time/incentive, census occupation code), and you can find out that each hit either does or does not have at least half of the EBS benefits (excluding additional benefits). (For example, an establishment is sampled to 8 hits, all control information is given, and it is known whether or not benefit items are offered except for defined benefit/defined contribution plans.) Use EBS response code '1', usable establishment, for these schedules.

- Wage and benefit provisions only

If wage and benefit provisions data only are available, collect the wage data for ECI and the provisions data for EBS. Consider the establishment or occupation a refusal for ECI benefits.

- Benefit costs and provisions only

If benefit costs and provisions data only are available, collect the provisions data for EBS. Consider the ECI schedule or occupation a refusal for ECI wages and benefits.

- Benefit provisions only

If benefit provisions data only are available, collect the provisions data for EBS. Consider the ECI schedule or occupation a refusal for wages and benefits.

- Nonmaintainable jobs

Do not collect EBS data for jobs determined to be nonmaintainable for ECI.

2.11 REFUSALS, PARTIAL DATA, AND OTHER COOPERATION PROBLEMS (Continued)

OTHER COOPERATION PROBLEMS

When an establishment is unable to provide data exactly as requested for both surveys, follow RJM/PPS sampling procedures to select a subunit which then represents the large, complete unit. Because of the cross-survey analysis planned between ECI costs and EBS levels, collect the same sample unit for both surveys. Consider the combined needs of both surveys when deciding whether or not to subsample. Once that decision is made, selection of the precise subunit is made by using the RJM procedures.

If an establishment refuses during an ECI quarterly update after EBS data have been collected, that unit will continue to be active for EBS, and will require EBS collection every two years until the industry is replenished. The Survey Manager should notify the Office of Field Operations when a unit previously collected for EBS refuses for an ECI quarterly update.

2.12 OFFICIALS TO CONTACT

The person or persons to contact for benefit data, as for wage data, varies from establishment to establishment. Depending on the size of the establishment, the person to contact could be the:

- Benefits manager or specialist - first choice, especially for insurance, defined benefit, and defined contribution plans
- Personnel director
- Wage and salary (or compensation) administrator or specialist
- Union steward or
- Finance or accounting department head.

The proper official to contact for benefit data, as for wage data, varies from establishment to establishment. The size of the establishment, its level in the corporate structure (plant, divisional headquarters, central office, etc.) and the internal organization of the firm determine who has responsibility for administering the benefits program. In a large government or the central office of a large firm, there may be a Benefits Department with a Benefits Manager and several benefits specialists, each administering one or more of the pension and insurance plans. On the other hand, a small plant or small single unit enterprise will not support this degree of specialization; the benefits may be administered by the same Personnel, Payroll, or Wage and Salary official who supplies the ECI wage data.

We strongly recommend that, upon initial contact with the company, you make an appointment with an official in the benefits administration area. This is especially important in larger firms and when collecting insurance, defined benefit, and defined contribution plans - you will probably have a better chance of securing plan descriptions and EIN/PN's from an official who deals with the benefit plans regularly. Also, splitting your visit into two parts will reduce the burden on each individual respondent.

2.12 OFFICIALS TO CONTACT (Continued)

Many field economists find that the paid leave data are quickly obtained. It is likely that a personnel or wage and salary administrator will be familiar with this information.

The source of insurance and pension data varies by establishment, as mentioned above. In addition to the sources already noted, some field economists find that union stewards may be helpful in obtaining information on union plans or at least in discovering whom to contact at union headquarters for detailed data, with employer permission.

In past surveys, most of the EIN/PNs reported were contained within the plan descriptions. If the respondent is not certain of the EIN/PN's but provides you with copies of the plan descriptions, glance through them to see if the EIN/PN's are indicated therein. If they are missing, try to get in touch with an official who deals in the benefit area, such as a compensation manager. Often, the EIN/PN's are known by headquarters officials who are responsible for preparing external reports. Field economists have discovered that the EIN/PN's are often maintained in either the finance (financial vice president, treasurer) or accounting (controller, chief accountant) department. **In small firms, EIN/PN's may only be available from outside accountants.**

2.13. TELEPHONE OR MAIL COLLECTION

To encourage greater EBS telephone and mail collection, the Survey Manager has great flexibility in assigning a schedule for mail or telephone collection. Basically, if the EBS schedule has been in the survey before, and is easy to collect, it is a candidate for telephone or mail collection. As usual, the Survey Manager will designate the EBS schedules chosen for telephone or mail collection.

Telephone scheduling saves money and can improve cooperation by lessening the time that you spend with a respondent. The Survey Manager will mark EBS schedules for possible telephone collection before you receive your assignment. Telephone scheduling criteria depend on whether the sample member was in EBS or in the ECI update before.

If the EBS sample member was in the survey before or in ECI, telephone selection was based on the answers to these questions:

- Are there few insurance or retirement plans?
- Has most of the data already been updated during the ECI update?
- Have the establishment's benefits stayed the same since it was initiated into EBS?

For 1990 and 1991, many schedules new to EBS will have already been initiated into ECI and are on a regular telephone or mail collection cycle. If the Survey Manager designated the EBS schedule for telephone or mail collection, then most of the provisions data are already on the ECI form.

If you have a possible candidate for telephone collection that was not marked by the Survey Manager, contact the Survey Manager for approval before proceeding.

One possible way to collect EBS by telephone is to:

- Explain what EBS data are needed.
- Request current insurance, defined benefits, defined contribution, and retiree benefits plan descriptions, if necessary.
- Arrange to call back at a mutually convenient time for participation, eligibility, and paid leave data.

All survey data requirements described in this Manual apply to telephone collection.

2.13 TELEPHONE OR MAIL COLLECTION (Continued)

If you find it difficult to obtain participation figures, or to explain the concept of defined benefit/defined contribution combination plans, abandon telephone collection and arrange to collect the data by personal visit.

Remember that an EBS schedule is not complete until it includes all necessary defined benefit, defined contribution, insurance, and retiree benefits plan descriptions. Do not hand in telephone EBS schedules until you have received plan descriptions from the respondent describing new plans or updating old plans.

If you collect the EBS schedule by telephone, write "TEL" at the top of the cover page of the 3111 jacket.

EXHIBIT 2.13

USING PRIOR EBS SURVEY DATA TO COLLECT THIS YEAR'S SCHEDULES

If you have an old EBS schedule, use it to determine which plan descriptions are on file in Washington and whether or not the schedule was considered usable in the prior survey. **Always include the old schedule in the transmittal to Washington.**

Reference Period Coded in Column E

OCWC Response Codes Coded in Column E

OCWC (Office of Compensation and Working Conditions) assigns a code of either "1" (usable) or "2" (unusable) after their review of your schedule is completed. By checking these codes, you can tell how much of last survey's data were usable by Washington.

2.14 THE COLLECTION FORMS - AN OVERVIEW

This section describes general features of the EBS data collection forms, which consist of a Jacket, a 3111 Form, and various continuation sheets. An optional collection form, the Integration Collection Workbook, is also discussed.

The 3111 collection forms were redesigned for the integration, and allow 8 participation entries, rather than 3. However, the basic design remains essentially intact. There are three main forms and one optional workbook:

- the 3111 Jacket, used to collect establishment information
- the 3111, used to collect participation and eligibility, and data on certain provisions
- the 3111 Insert, used when an establishment has more plans than the 3111 form can accommodate for a benefit area.

The forms provide space for coding the following number of plans in these benefit areas:

<u>Benefit Area</u>	<u>Number of Plans Provided on Form</u>	<u>Benefit Area</u>	<u>Number of Plans Provided on Form</u>
Work Schedule	2	Parental Leave	2
Lunch/Rest	2	Sick. and Acci.	4
Holidays	2	Flexible Benefits	2
Parental Leave	2	Health Insurance	10
Vacation	2	Life Insurance	8
Military Leave	1	Long-Term Disability	4
Jury Duty Leave	1	Def. benefit/def. contri.	10

For all 3111 forms, enter data only in the unshaded spaces. The Washington Office will code the shaded spaces.

2.14 COLLECTION FORMS - AN OVERVIEW (Continued)

3111 Inserts

If there are more plans for a benefit area than provided for on the form, use a 3111 insert sheet. The following is a list of the insert sheets, with form numbers:

- Work schedule - 3111a
- Lunch and Rest Time - 3111l
- Holidays - 3111m
- Personal and Funeral leave - 3111n
- Military and Jury duty leave - 3111o
- Sick Leave - 3111d
- Vacation - 3111b
- Parental leave - 3111c
- Health care - 3111h
- Life insurance - 3111i
- Sickness and Accident insurance - 3111e
- Sickness and Accident insurance provisions - 3111f
- Long term disability insurance - 3111g
- Retirement and capital accumulation - 3111j
- Brochure listing

The Additional Items section does not have an insert.

Collection Workbook

The Collection Workbook is an optional form designed to structure the integration interview. After the jobs are selected, use the workbook to determine all the questions that must be answered in order to complete the ECI and EBS schedules. Since the form is not keyed, use it to record as many plans in the same benefit area as you wish. You may also use the form to ask the questions, and record the answers on a scratch sheet of paper. After the interview, transcribe the answers onto the EBS and ECI data collection forms. Either copy notes into the Remarks section or photocopy the collection workbook with your notes. The workbook is not sent to Washington.

2.15 EBS INSERT SHEETS

Most firms have only one or two plans per paid leave benefit area and a few insurance and pension plans. The forms will be able to handle most coding on a single schedule. For those establishments that have more plans than can fit on one form, use continuation (or insert) sheets. There are 11 different continuation sheets: four for paid leave, two for Sickness and Accident Insurance, and one each for Health, Life, Long-Term Disability, Defined Benefit and Defined Contribution, and Plan descriptions.

Coding Paid Leave Insert sheets - There are eight continuation sheets for paid leave benefits: work schedule, lunch/rest, holidays, vacation, personal/funeral, military leave, jury duty leave, and parental leave. Each insert sheet has space for two plans (except for parental leave, which has space for four plans). However, you cannot code plans from different schedules on the same insert sheet; there is room for only one schedule number and split code per insert sheet.

General coding instructions - Complete Section 1A by entering the current **ECI/EBS** Schedule Number, Split Code, and year. Be sure that the schedule number is correct, as it is the only link between the insert sheet and the original schedule. In Section 1B, assign a unique 2-digit BLS plan number to each plan. Assign consecutive numbers as follows:

- From plan number 03-99 for all work schedule and paid leave, except sick leave
- From 83-99 for sick leave
- From 05-49 for sickness and accident insurance
- From 55-79 for sick leave/sickness and accident insurance combinations
- From 09-99 for life insurance
- From 05-99 for long-term disability insurance
- From 02-99 for military and jury duty leave
- From 03-99 for parental leave
- From 11-99 for health insurance and defined benefit and defined contribution plans.

2.15 EBS INSERT SHEETS (Continued)

All instructions in Chapter 4 on completing the paid leave forms apply to the insert sheets.

For all leave provisions, code the BLS plan number of each plan on the form in the space at the top of the page.

Coding additional insurance, defined benefit, and defined contribution plans insert sheets

Because the insurance, defined benefit, and defined contribution plan benefits are not as standardized as paid leave, there are two insert sheets for sickness and accident insurance and one each for the other benefit areas (6 in all).

- Enter the ECI/EBS Schedule Number, Split code, and the survey year in question 1.
- Assign a BLS Plan Number to each plan by entering a unique 2-digit identifier in Column A. Do not duplicate a plan number printed on the main collection form. For example, Prickley's Boutique has 10 life insurance plans. Code 8 of them on the main form. On the insert sheet, use plan numbers 09 and 10 to code the last 2 plans.
- Sickness and accident insurance has two continuation sheets, one to code information on benefit participation and combination plans (Questions 2 and 3) and one to code provisions details when plan descriptions are not available.
- All instructions in Chapters 5 through 10 apply to the insert sheets.

Coding plan description insert sheets - If you obtain more than 15 plan descriptions from an establishment, use a plan description insert sheet to continue the listing of plan descriptions. Assign a unique 2-digit BLS Plan description Number to each brochure line, beginning with "16."

Insert sheet handling - After write up, simply put the insert sheets inside the 3111 Jacket. Do not staple the sheets to the 3111 form or to each other.

2.16 CHANGES IN THE EMPLOYEE BENEFITS LAW AND THEIR EFFECT ON EBS

Legislation enacted by Congress has had a significant effect on the way new and existing benefits are offered and hence, the way EBS benefits will be collected. This section describes this legislation and its impact on EBS collection.

Budget Reconciliation Act of 1986 (enacted October 21, 1986)

This act gives employees the right to continue participating in employer-sponsored retirement plans after their normal retirement age. The act also prohibits employers from denying retirement plan participation to employees who become eligible for the plan within 5 years of normal retirement.

- * **Impact on EBS collection** -- Expect plan amendments or new plan descriptions for most plans collected by the EBS. Plans must begin complying with the new law as of January 1, 1988.

Age Discrimination in Employment Act Amendments of 1986 (enacted October 31, 1986)

The amendments prohibit mandatory retirement - except for college professors and certain executives - at any age. However, the Equal Employment Opportunity Commission has stated that the current system of allowing benefit reductions, if justified by cost considerations, can continue. This allows employers to reduce life insurance amounts or LTD durations for older workers.

- * **Impact on EBS collection** -- Retirement and insurance plans may issue amendments or new plan descriptions to describe their new treatment of older workers. (Note: Do not consider these changes new plans.)

Tax Reform Act of 1986 (enacted October 22, 1986)

This law significantly impacts employee benefit plans. Provisions of the law have been changed regarding vesting, integration of pension benefits with Social Security, amounts of benefits, loans and distributions, among others.

2.16 CHANGES IN EMPLOYEE BENEFITS LAW AND THEIR EFFECT ON EBS (Continued)

Other benefit changes include the expiration of the PAYSOP tax credit, the encouragement of ESOPs and the extension of the tax-free status of employer-provided legal counseling and educational assistance, and the addition of new nondiscrimination rules for insurance plans.

- * **Impact on EBS collection** -- No new employer funds can be added to PAYSOP's after 1986. Most other changes affect Washington plan analysis, not data collection.

These laws will have a major effect on the benefit plans sponsored by EBS. Please inquire about new plan descriptions or plan amendments. The EBS Washington staff, in addition, may request plan administrators to check on recent plan changes.

Current developments - Congress is currently considering a number of bills that will impact benefits and EBS, such as mandatory employer-sponsored health care, mandatory disability and parental leave, revisions to HMO financing requirements, child care issues, and long-term care. To keep the regions current on benefits legislation, the EBS Program Office produces a Quarterly Legislative Summary. The Summary lists Bills, their Status, and benefit plans and provisions likely to be affected by the passage of the legislation. Each Regional Commissioner is sent one copy of the Quarterly Legislative Summary.

2.17 HOW TO COLLECT PLAN DESCRIPTIONS FROM SECONDARY SOURCES

Below is an outline of the best way to collect plan descriptions and recommended procedures for EBS.

1. Contact the sample unit and request copies of plan documents. Make contacts by telephone in most cases, supplemented in some Regional Offices by written requests. Although some respondents will mail in the plan descriptions promptly, some follow-up calls and personal visits will be required. In most cases, plan descriptions can be obtained directly from the sample unit.

Recontacting establishments in subsequent ECI update quarters will supplement the yield of plan descriptions.

2. If plan descriptions are not available from respondents, obtain the respondent's permission to contact secondary sources. Telephone secondary sources first to work out the most effective method of collection. For commercially insured plans, the insurance agent or broker will usually be the first person to contact, followed by the carrier. For multiemployer plans, the union local or plan administrative office may be the best contact. Other sources include employer associations and HMO's. List secondary sources in the Remarks section for the affected benefit area.
3. When approaching secondary sources, use the following guidelines for collecting plan descriptions:

INSURANCE PLANS

- a. Blue Cross/Blue Shield plans are usually identified by a plan name, for example, Blue Cross of California - Prudent Buyer Plan - Plan 3; Blue Cross of Greater Philadelphia/Pennsylvania Blue Shield - Comprehensive Blue Cross Hospital Plan - Medical-Surgical Benefits Plan C - Major Medical Expense Plan; and Blue Cross/Blue Shield of Massachusetts Master Health Plus. In many cases, plan documents could be collected from BC/BS without identifying the sample unit.

2.17 HOW TO COLLECT PLAN DESCRIPTIONS FROM SECONDARY SOURCES (Continued)

However, some BC/BS plans (for example, in Pennsylvania, New York, New Jersey) are comprised of several modules (hospital benefits, surgical-medical benefits, and major medical benefits), plus one or more riders. It is necessary to get a complete list of these modules and riders from the sample unit respondent before approaching BC/BS, or to identify the sample unit to BC/BS in order to obtain complete and correct documentation.

- b. Commercially insured plans are usually identified by a group number, group policy number, contract number, or certificate number. Commercially insured plans are less commonly identified by a plan or package name. Because of (1) State laws mandating certain benefit provisions and, (2) options that employers could choose from, insurance plans are usually made up of several standard modules. The practical implication of this is that most plans could only be identified by revealing the name of the sample establishment or its policy or certificate number. It would simply be too cumbersome to attempt to assemble a policy from the varying insurance "forms" that comprise the policy.

Many policies indicate such crucial variables as the amount of life insurance protection, the health care deductible, and the health care maximum expense limit on a separate document, called a schedule, certificate sticker, or similar term. It is important to make sure that these documents are enclosed with the plan descriptions. HMO's, of course, are identified by name, but it is important to determine whether the HMO has overall plan options (for example, Island Care - Plan K-3) or additional benefit options (for example, prescription drug option). This information should be obtained from the sample unit before approaching the HMO.

2.17 HOW TO COLLECT PLAN DESCRIPTIONS FROM SECONDARY SOURCES (Continued)

- c. Employer association plans are usually identified by a plan name, but (as with HMO's) there are occasionally plan options or riders from which employers could choose. For example, Wisconsin Association of Manufacturers and Commerce - Long-Term and Partial Disability Plan - 3 Month QDP Plan; Wisconsin Bankers Association - Group Insurance - Comprehensive Medical Expense Benefits Plan 2: or HMSA Vision Care Rider. Thus, it may be necessary to determine the plan option or level of coverage before approaching the association.
- d. Multiemployer plans are typically identified by the title; for example, Pipefitters Local No. 636 Insurance Fund or Joint Labor-Management Retail Employees Local 1092 Health and Welfare Fund. However, as with medium and large firms, benefit provisions differ in some plans depending on the employer's contribution rate (for example, Welfare Fund of Operating Engineers Local Union 513 - Schedule 6). In these instances, the employer's name or contribution rate would have to be specified in requesting plan documents from the union or multiemployer plan.

DEFINED BENEFIT PENSION/DEFINED CONTRIBUTION PLANS

- a. Most plan descriptions must be obtained from the firm, since most plans are administered by the firm. Company plan documents are often printed in memorandum form and identified as a company-sponsored and administered plan; for example, Company XYZ Profit-Sharing Plan.
- b. Standard plans purchased from outside organizations will be encountered in a minority of cases. If the plan description is not available from the respondent, information on contributions and eligibility requirements should be obtained from the respondent before approaching the outside organization.

Multiemployer pension plans, like health and welfare plans, are typically identified by name; for example, Construction Laborers Pension Trust of Greater St. Louis; Local Union 513 Pension Fund; or Locals 302 and 612 International Union of Operating Engineers - Construction Industry Retirement Plan. As with insurance plans, however, plan benefits could vary depending on the employer's contribution rate.

2.17 HOW TO COLLECT PLAN DESCRIPTIONS FROM SECONDARY SOURCES
(Continued)

Association plans are also usually identified by name; for example, Automotive Industries Pension Plan; Farm Credit Banks of Texas Thrift Plus Plan; or NADA Retirement Trust Salary Deferral 401(k) Plan. As with insurance benefits, field economists should watch out for plan options or varying contribution rates; these need to be specified to ensure that the correct benefit provisions are identified.

- c. Outside financial organizations are apt to require a formal written request before releasing plan documents. The Regional Offices may wish to prepare some standard data request letters for this purpose.

2.18 EBS PLAN DESCRIPTIONS

It is the field economist's responsibility to ensure that the brochure obtained from the establishment is a legitimate plan description and is likely to contain the elements listed in EXHIBIT 2.18. The field economist should explicitly request the "schedule of benefits", "certificate of coverage", and any plan riders or amendments.

EXHIBIT 2.18

WHAT IS A PLAN DESCRIPTION?

A plan description provides plan provisions in detail and typically includes a schedule of benefits, eligibility requirements, dependent and retiree coverage (if any), definitions and exclusions. Often, the schedule of benefits is a separate document from the main plan description booklet. A complete plan description must also include any certificates of coverage, riders, and amendments to the plan in order to be considered usable for EBS. A list of the main documents, and items contained therein, comprising a plan description are outlined below:

Main plan description - typically in booklet or brochure form, and includes the following information:

- Plan name, type, administrator, and sponsor
- Who is covered
- Eligibility requirements
- Dependent coverage
- Definitions of terms
- Schedule of Benefits
- Descriptions of coverage (services)
- Exclusions from coverage
- Retiree coverage (or what happens at retirement)
- Termination of coverage
- ERISA information
- Employer/employee contributions

*Schedule of Benefits - may be part of main plan description, but is often a separate document (particularly for health insurance) which includes:

- Plan options
- List of covered services
- Benefit amounts (cash amount or percent)
- Copayment schedule (health)
- Deductibles (health)
- Out of pocket maximums (health)
- Duration of benefits (sickness and accident, long term disability)
- Employee contributions

EXHIBIT 2.18 (Continued)

*Certificate of coverage - similar to Schedule of Benefits but more common for life, sickness and accident and long term disability and describes:

- plan name (often for specific option)
- level of benefits (cash amount or percent)
- benefits duration
- type of plan
- eligibility requirements

*Plan riders - common for health plans, particularly for Blue Cross/Blue Shield plans where basic plan coverage is supplemented by additional benefits. Vision, dental and prescription drug coverage is often added through a rider. Also, the level of benefits may be changed through riders (for example, deductibles, copayment, out of pocket maximums).

*Plan amendments - Changes to the plan costs or changes to provisions, typically on annual cycles.

MINIMUM DETAILS REQUIRED FOR PLAN DESCRIPTIONS

Plan descriptions must contain at least the following information to be considered usable:

Sickness and accident

- Eligibility requirement
- Benefit formula (including minimum or maximum)
- When benefits begin
- Duration of benefits

Long term disability

- Same as sickness and accident plans
- Coordination of long term disability with other benefits (Social Security, State UI, Workmens' Comp, etc.).
- Reduction schedule (if any) at older age

Health Insurance

- Eligibility
- Description of coverage for hospitalization, surgical, medical services, mental health
- Schedule of benefits (deductibles, copayments, out of pocket maximum)
- Retiree and dependent coverage

EXHIBIT 2.18 (Continued)

Life insurance

- Eligibility
- Types (life, accidental death and dismemberment, survivor)
- Benefit amount (including maximum)
- What happens at retirement and older age

(Note: If description is not available, complete all sections of 3111 coding enter benefit amount, for both employees and dependents, if covered in the Remarks section.)

Defined benefit pensions

- Eligibility
- Benefit formula
- Retirement age and length of service requirement
- Early retirement provisions
- Survivor benefits
- Vesting requirements

Defined contribution plans

- Eligibility requirements
- Amount of employee and employer contributions
- Investment options
- Plan type
- Vesting requirements

Flexible benefits

- Eligibility
- Core coverage, if any
- Options by benefit area
- Who pays and amount
- Whether employee contributions are pretax

Reimbursement accounts

- What expenses are covered by the account
- Any employer contributions

3.0 OVERVIEW OF 3111 JACKET

Complete all sections of the 3111 Jacket or include a copy of the 3038A. Both general and specific establishment information is required. Discussed in this chapter are the following:

- Establishment name and address
- Official contact's name and address
- Central office arrangements
- Office use only
- Assigned and reported establishment employment
- Record of visits.

<u>Section</u>	<u>Title</u>	<u>Page</u>
3.1	Establishment identification, Scope of Operations, and what to do if an establishment moves	60
3.2	Officials contacted and central office arrangements information	61
3.3	Office Use Only	62
3.4	EBS response codes and required data items	65
3.5	Establishment employment: RJM, Occupational, and Total	69
3.6	Split Schedules and Specially Sampled Units	71
3.7	Record of visits by field economist	73

3.1 ESTABLISHMENT IDENTIFICATION, SCOPE OF OPERATIONS, AND WHAT TO DO IF AN ESTABLISHMENT MOVES

Use the establishment identification section at the top of the 3111 Jacket to enter the company name and address, assigned SIC and assigned employment.

Establishment Identification

Enter the establishment name and address. The data will not be keyed; they are for field use when collecting next year's schedule.

Also, enter the assigned SIC and the assigned employment. Copy these from the job match worksheet.

Scope of Operations

Leave the 3111 Scope of Operations section blank if a completed 3038A is provided; otherwise, enter a brief description of the units that are included in the schedule.

If the establishment moves, use ECI procedures for collection. Reference the ECI Collection Manual, Chapter D.

3.2 OFFICIALS CONTACTED AND CENTRAL OFFICE ARRANGEMENTS INFORMATION

The cover of the 3111 Jacket provides space for identifying an authorizing official, two supplying officials and for detailing any central office arrangements needed to collect the schedule.

Officials Contacted

Leave the 3111 Officials Contacted section blank if a completed 3038A is provided, **and the same respondent was used for EBS.** If not, record the officials that you contacted when obtaining the EBS data. This information is used for future reference and in case the Washington Office staff needs to recontact the respondent for clarification. Record EBS contact names even if the contacts are the same as the ECI contacts.

In the space for supplying officials, list the officials who supplied the data and identify the data that they supplied.

Enter the address of the authorizing or supplying official only if it differs from the address reported for the establishment.

If the authorizing official also supplies the data, enter "same as above" in the space reserved for the supplying official.

Central Office Arrangements (COA's)

Leave the 3111 Central Office Arrangements section blank if a completed 3038A is provided. If not, complete the central office arrangements section only when scheduling requires contacting an establishment's central office for either authorization or for actual collection. Complete this section even though the central office is in your region. The three most common central office arrangement situations that you will encounter are:

- Central office arrangements required for local scheduling
- Central office arrangements and central office scheduling required
- Split schedules (some data obtained locally and some centrally)

If a schedule in your assignment requires central office arrangements or scheduling, let the Survey Manager know immediately.

3.3 OFFICE USE ONLY

Complete the following coding boxes in Section 4 - Office Use Only: ECI Schedule Number, Split Code, Year, State, SIC Code, Reference Month, Regional Office, Type of Survey, and EBS Response code. The statistical assistants will complete the other coding boxes.

Section 4 Office Use Only

Record number - This three-digit number will be preprinted.

ECI Schedule Number - Copy this five-digit number from the ECI 3038A form.

Split Code - Copy this one-digit split code from the ECI 3038A form.

Year - The last two-digits of the fiscal year of the EBS survey. For example, use "92" for small firms and governments. For medium and large private firms, use "91" and future odd-numbered years.

State - Copy the state code from the ECI 3038A form or from the ECI SO-127 form.

SIC Code - Copy the four-digit SIC code from the ECI 3038A form.

Reference Month - Enter one of the following two-digit codes to indicate the month that the data represent:

<u>Code</u>	<u>Month</u>	<u>Code</u>	<u>Month</u>	<u>Code</u>	<u>Month</u>
01	January	05	May	09	September
02	February	06	June	10	October
03	March	07	July	11	November
04	April	08	August	12	December

If the schedule is company prepared, code for the month that the data (including participation figures) actually represent.

Regional Office (R.O.) - Copy the R.O. code from the ECI 3038A form.

Type of Survey - Code one of four letters for the type of survey:

S = Private, wholly independently owned small establishments (1-99 employees). This includes franchises that offer their own, independent, benefit programs.

3.3 OFFICE USE ONLY (Continued)

T = Private, small establishments (1-99 employees) that are owned wholly or in part by a larger organization. This includes all subsidiary organizations as well as franchises that offer the benefit programs of the corporate franchisor. Determine if the firm is a T at the time of visit.

L = Private, medium or large organizations (100 or more employees). Coding should be dependent upon the assigned establishment size. For example, if an establishment has an assigned establishment employment of 120 but the actual employment at initiation is 60, the survey type should still be coded L.

G = Public, government body.

NOTE: In odd-numbered years, all establishments must be coded L. In even-numbered years, establishments must be coded S, T, or G.

EBS Response code - See Section 3.4 for instructions.

EXHIBIT 3.3Completed Cover of the 3111 JacketBureau of Labor Statistics
Employee Benefits Survey
General Establishment Information

U.S. Department of Labor

The information collected on this form by the Bureau of Labor Statistics will be held in confidence and will be used for statistical purposes only.

This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate, and timely.

Form Approved
O.M.S. No. 1220-0084
Approval Expires: 8/31/92

1. ESTABLISHMENT IDENTIFICATION

Name <u>J + M Auto Body + Repair</u>		
Street Address		
City	State	Zip Code
Assigned SIC <u>7538</u>	Assigned Employment <u>105</u>	

The Department estimates that the public reporting burden for this form is estimated to average 1 hour and 15 minutes per response including time for searching, gathering, and maintaining the data needed, completing and reviewing the form. Send comments regarding the burden estimate or any other aspect of this form, including suggestions for reducing this burden to the Office of Information Management, Department of Labor, Room H-1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210 and to the Office of Management and Budget, Paperwork Reduction Project, Washington, D.C. 20503.

Scope of Operations: Repair shop

2. OFFICIALS CONTACTED

a. Name of person authorizing this report: see ECI Title Area Code - TelephoneAddress (if different from above):
Street City State Zip Codeb. Name of person(s) supplying information for this report:
(1) Name (if different from above): Title Area Code - TelephoneAddress (if different from above):
Street City State Zip Code

What information did this official supply?

(X) Name Title Area Code - Telephone

Address (if different from above):
Street City State Zip Code

What information did this official supply?

3. CENTRAL OFFICE (Complete if clearance ☐ and / or data ☐ obtained from this source)

Name of Company Name of Authorizing Official

Street Address Title

City, State, and Zip Code Area Code - Telephone

4. OFFICE USE ONLY

Record	Schedule No.	Spr	Year	State	SIC Code	Ref. No.	Regional Office	Estab. Reweight	Type of Survey	EBS Response
000	83251	0	91	32	7538	05	3		L	I
(1-3)	(4-6)	(8)	(10-11)	(12-13)	(14-15)	(16-17)	(18)	(19)	(20)	(21)

BLS 3111 Jacket (Rev. August 1990)

3.4 EBS RESPONSE CODES AND REQUIRED DATA ITEMS

The computer reads the status of each EBS schedule by the EBS response codes that you assign on the cover page. The number is a summary of the entire EBS schedule; assign it during write-up.

Assign one of the following EBS Response codes after collecting all the data for the establishment.

<u>Code</u>	<u>Response</u>
1	Provided data (include complete or partially complete responses only)
2	Out-of-business
3	Out-of-scope
4	Complete refusal (obtained no plan data)/ No contact
5	Duplicate/merged sample unit
7	Other (Reported a unit different from sample unit. Describe in Remarks area of Jacket.)

Definitions and Data Requirements

Below is an explanation of each response code and a summary of the data items that you must complete for each code.

Code 1 - Provided data

Use code "1" for all complete or partially complete schedules collected for the sample units as originally assigned. (If a schedule contains no data, or establishment employment data only, code it as a refusal code "4").

Complete the following sections of the 3111 Jacket:

- Establishment identification, respondent information, and Office Use Only (Sections 1-4) (or include a 3038A)
- Establishment Employment (Section 5)
- Total establishment employment
- Record of Visits by Field Economist (Section 6)

3.4 EBS RESPONSE CODES AND REQUIRED DATA ITEMS (Continued)

Code 2 - Out-of-business

An establishment is out-of-business only when all productive operations have ceased. When an establishment is under new ownership or has changed its name, it is not out-of-business, and should be scheduled if it is in the scope of the survey. See the ECI Collection manual, Chapter D.

Complete Sections 1-4 and 7 of the 3111 Jacket.

Code 3 - Out-of-scope

If the assigned establishment is in an industry outside the survey's coverage (for example, Federal government), it is out-of-scope for EBS.

If the establishment has 0 employees within scope of RJM, (no matching workers) it is out-of-scope for EBS.

Complete Sections 1-4 and 7 of the 3111 Jacket and explain why the establishment is out-of-scope in Remarks.

Code 4 - Complete refusal/No contact

Use code "4" when the schedule contains no plan provision or plan participation data. Also, use code "4" when an establishment has moved and you are unable to locate or contact it. Code any schedule with only total employment and group employment (but no plan data) as a complete refusal.

Also, code as Refusals schedules where the respondent refuses to let you sample to reach an occupation (even if benefit data are available).

Complete Sections 1-4 and 7 of the 3111 Jacket.

Code 5 - Duplicate/merged unit

Duplicate units are defined as two identical units. Record data in one schedule. Complete Section 1-4 and 7 of the 3111 Jacket for the duplicate schedule (without data).

Code the usable duplicate (contains data) as establishment response code "1". Hand in both schedules at the same time.

If the respondent refuses and you have two unusable schedules, use code "4" on one of the schedules and code "5" on the other. Hand in both schedules at the same time.

3.4 EBS RESPONSE CODES AND REQUIRED DATA ITEMS (Continued)

A merged unit is defined as two units within the same company for which the respondent is unwilling or unable to provide separate data. The respondent does provide combined data for both units.

Use code "5" to identify the unusable (no data) schedule that was merged with another sample member for collection purposes.

Each code "5" merged schedule must have a companion code "7" (Other) schedule. Hand in both schedules at the same time.

Code 7 - Other

Use code "7" whenever the reported unit differs from the assigned unit. For example, you are assigned a retail trade sample unit covering the state of Iowa, but obtain a complete schedule for Sioux City only. This is a code "7" schedule, not a code "1". As mentioned above, use code "7" to identify the usable schedule that contains a merged EBS unit.

Complete Sections 1-7 of the 3111 Jacket for all code "7's".

The only schedules that will contain usable EBS data are those with establishment response codes 1 and 7. All other schedules (codes 2-5) are unusable and must contain only 3111 Jackets completed as directed above.

EXHIBIT 3.4ESTABLISHMENT IDENTIFICATION

Required coding for complete, unusable, or other schedules

**For these
conditions:**

The field economist or statistical
assistant has completed the following:

BLS 3111 Jacket

	<u>Section: 1 2 3 4 5 6 7</u>						
Complete or partially complete schedules - EBS Response code 1	X	X	X	X	X	X	X
Out-of-business EBS Response code 2		X	X	X	X		X
Out-of-scope EBS Response code 3		X	X	X	X		X
Refusal/No contact EBS Response code 4		X	X	X	X		X
Duplicate sample unit/Merged EBS Response code 5		X	X	X	X		X
Other EBS Response code 7		X	X	X	X	X	X

3.5 ESTABLISHMENT EMPLOYMENT: RJM, OCCUPATIONAL, AND TOTAL

Section 5 - In the "RJM Employment" box, enter the **current** total number of RJM employees in the establishment, **as defined for ECI.** (see ECI collection manual, Chapter D, Section F.) Copy the employment information from the ECI RJM worksheet.

"Number of Quotes" - Copy the total number of **original** quotes for this establishment **from the ECI SO-127, include refusals, vacancies, and out of scope hits. If the schedule is split, enter the number of original hits that appear on that SO-127 form.**

For each hit, use ECI procedures to assign the Quote Codes. Quotes must be the same for both surveys.

"Census Occ. Code" - Copy the four-digit job code from the ECI 3038A or the SO-127 Job Match Worksheet.

"Group Employment" - Record the group size from that particular hit.

"Nonresponse code" - Enter a nonresponse code if the occupation is vacant, or data for the hit is not obtainable. Otherwise, leave it blank. The group employment must either be coded 0 or left blank, depending on the type of non-response. The codes are as follows:

<u>NONRESPONSE CODE</u>	<u>DEFINITION</u>	<u>Group Employment</u>
2	Seasonally vacant	0
4	On strike, layoff, or other vacancy	0
5	Refusal/technical refusal	Blank
6	Abolished/no matching jobs	Blank

Do not code benefits data for hits that require a nonresponse code.

Copy the next three boxes from the ECI 3038A form. EBS defines time/incentive workers, full and part time workers, and union/nonunion workers in the same manner as ECI.

Note: Complete the full/part time, union/nonunion, and time/incentive boxes for hits that are nonresidences, when possible.

3.5 ESTABLISHMENT EMPLOYMENT: RJM, OCCUPATIONAL, AND TOTAL
(Continued)

Section 6 - "Total Employment" - Enter the total number of employees in the establishment, including workers not included in RJM. Do not include employees considered out scope by ECI. This figure **may** include workers not reported in **RJM employment** (Section 5).

Compare the total number of employees with the assigned employment figure for discrepancies.

Assigned vs. Actual Employment

Discrepancies of +50% between the actual and the assigned employment, when the assigned employment is less than 100, requires a footnote in the Remarks section of the 3111 form, **or a photocopy of an SO-162 inserted in the 3111 schedule.**

Discrepancies of +20% between the actual and the assigned employment, when the assigned employment is 100 or more, require a footnote in the Remarks section of the 3111 form, **or a photocopy of the SO-162 inserted in the 3111 schedule.** Complete an SO-162 describing the reasons for the employment change. Only one SO-162 for both EBS and ECI is necessary.

NOTE: Writing a single explanation on the ECI schedule is not sufficient. ECI and EBS are reviewed by separate Washington staffs and most ECI schedules are not sent to Washington.

3.6 SPLIT SCHEDULES AND SPECIALLY SAMPLED UNITS

Schedules split after RJM selection

Report RJM employment, # of assigned quotes, and total employment for the sample unit as a whole - not the individual components. These schedules should have identical figures repeated in those three areas of the 3111. This procedure is necessary to compute the correct EBS sampling interval. (The sampling interval is equal to the RJM employment divided by number of assigned quotes.)

Note: Include a copy of the SO-127 or any special sampling documentation in the EBS schedule. The Washington office will make necessary adjustments to reported total employments to eliminate the double counting or adjust sample intervals.

Example: Sample unit current total employment = 600. Assigned # of quotes = 8. Current RJM employment = 598. It was determined after the RJM that schedules must be collected in two locations, with six quotes collected from one location and two quotes collected from the other. Both schedules will have the following entries in the 3111:

Section 5 - RJM employment = 598
 Number of assigned quotes = 8
 Section 6 - total establishment employment = 600

However, one schedule will list hits 1-6 (or equivalent) and the other will list hits 7-8 only in Section 5 of the 3111.

Schedules split prior to RJM

If RJM sampling must be performed from separate lists of employees, report the RJM employment, number of assigned quotes, and total establishment employment that relates to each separate and distinct list on each split schedule.

Using the previous example, if the 6 quotes were selected from a list of 450 employees and the two quotes were selected from a list of 148 employees (two employees from the total employment are not on either list). The schedules would be coded as follows:

	RJM Emp	# of assigned quotes	# of hits in schedule	total emp
Split schedule 1	450	6	6	452
Split schedule 2	148	2	2	148

The two employees not on the list are arbitrarily added to the total for split schedule 1.

3.6 SPLIT SCHEDULES AND SPECIALLY SAMPLED UNITS (Continued)

Special sampled schedules

Several sample units have been specially sampled to contain more than 8 RJM hits and are subsequently assigned separate schedule numbers (for example, aerospace units, NY public schools). Report RJM employment and total establishment employment that relates to the entire establishment, not just the collected sample unit. The number of assigned quotes entered will vary depending on the situation. For all specially sampled units, xerox the 1st page of the SO-127 (or SO-127A) and any special documentation and include it with the EBS schedule.

Example #1: An establishment with 40,000 (non-aerospace) total employees and 40,000 RJM employees is assigned two separate schedule numbers with 8 hits each. Both units are in the EBS sample. Code both schedules as having a total employment of 40,000 total employment and 40,000 RJM employment and report 16 as the # of assigned quotes

Example #2: Aerospace firms were specially sampled for both ECI and EBS. For EBS, only one schedule was selected to represent the sample unit regardless of how many schedules were specially sampled for ECI. Collect the assigned EBS schedule and enter the assigned number of quotes that relate to that schedule, (usually 8). Enter the total and RJM employments of the entire establishment, as usual.

3.7 RECORD OF VISITS BY FIELD ECONOMIST

Record your visit on the **back** page of the 3111 Jacket.

Enter your name and the date(s) of your visit(s) on the **back** page of the 3111 Jacket. If you collected the schedule by telephone, enter the date of the telephone call.

This page is intentionally blank.

4.0 OVERVIEW OF WORK SCHEDULE AND LEAVE BENEFITS

Chapter 4 provides instructions on how to record detailed plan provisions and participation for work schedules and in-scope paid and unpaid leave plans in the establishment. Leave plans are:

Paid lunch time	Paid funeral leave
Paid rest time	Paid military leave
Paid holidays	Paid jury duty leave
Paid vacations	Parental leave
Paid personal leave	Paid sick leave

<u>Section</u>	<u>Title</u>	<u>Page</u>
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EXHIBIT 4.0Excerpt from Employee Benefits in Medium and Large Firms, 1989

The following tabulation shows the average lengths of several leave benefits:

	All partici- pants	Profes- sional and admin- istrative	Technical and clerical	Production and Service
<u>Paid</u>				
Lunch time-				
minutes per day.....	26	35	34	24
Rest time-				
minutes per day.....	26	26	27	26
Personal leave-				
days per year.....	3.1	-	-	-
Funeral leave-				
days per occurrence..	3.3	3.3	3.3	3.3
Military leave-				
days per year.....	11.9	-	-	-
<u>Unpaid</u>				
Maternity leave				
months per occurrence	4.4	4.8	4.5	4.0
Paternity leave				
months per occurrence	4.2	4.8	4.3	3.7

4.1 COMMON DATA

Three sections of each leave benefit are the same and have the same coding requirements:

- Benefit/Plan Identification Information
- Name of Plan
- Participation and Group Size Codes

This section of the manual explains the coding requirements for these common data items. Specific benefit provisions coding is discussed by benefit later in this chapter. Also, code establishment identifiers on the front page of the 3111 form.

Establishment Identification

Enter the Establishment Name and the ECI/EBS schedule number/split code on the front of the 3111 form.

Benefit/Plan Identification Information

There is space for two plans of each leave benefit except jury duty and military leave, which allow one plan each. For the first two plans in a benefit area, Section 1 is preprinted; no coding is necessary. If an establishment has more than two plans, record the additional plans on the appropriate insert sheet. See Section 2.16 for instructions on insert sheets.

Name of Plan

For each plan, enter a brief descriptive title of up to 24 characters. Most leave plans will not have a real title, so you will have to invent one, for example, "Teamsters Lcl 31 Hol Pl," "Vacation for All," "Office Personal Leave," etc. Please print the name of the plan clearly.

If there is no plan, write this in Remarks, not in Section 2.

Participation and Group Size Codes

Enter the number of employees in each quote who participate in each leave plan. Employees are participants when they are actually covered by the plan or if they will automatically be covered upon completion of age and service requirements. In determining participation, it makes no difference whether or not employees actually use a benefit, as long as they would receive it if needed. This concept is especially useful when coding participation for parental, sick, jury duty, military, and funeral leave. If no workers in a quote participate in a plan, enter zero. If data are not available, leave the participation boxes blank. (Do not enter zeroes, dashes, etc.)

4.1 COMMON DATA (Continued)

If all workers in all quotes participate in a basic plan, and they are not participating in a combination, write "ALL" in the hit 1 participation box (new for 1991). "ALL" may be entered in hit 1 of the combination when all incumbents participate in all component basic plans: the basic plans would have zeros coded in all hits. Further coding of participation is not required. Disregard the fact that some hits may be coded as abolished, nonresponse, or vacant in Section 5 of the 3111 Jacket and, therefore, should have blank participation boxes. The EBS system will "map" your group employments entered in Section 5 into the participation boxes when the "ALL" code is used. ("0"s are actually mapped as blanks.)

For each participation figure, enter a group size code to indicate how the data were collected. Group size codes only refer to the participation data. Do not use these codes to indicate that plan provision data are incomplete or estimated.

<u>Group Size Code</u>	<u>Definition</u>
Blank	Actual participation for the selected quote
A	Actual data from the primary hit (1 worker)
B	Data collected for the larger group and prorated
X	Data not available

If actual participation data are not available from the respondent, and data from the primary hit are not available, data may be estimated from a larger group. For example, a respondent is unwilling to provide participation data regarding secretaries, but says that 60% of white collar workers belong to the health plan. Code 60% of the secretaries as receiving the health plan. See section 5.2 for further explanation of participation and group size coding.

4.2 NOT CODABLE AND NOT AVAILABLE

Every plan provision on the 3111 form has space to record both "data not codable" and "data not available" as options.

NC/NAV CODES

When data for a numeric provision are not codable or not available, use the following codes in the appropriate coding area:

- 7 - Not codable - data will not fit onto the form, none of the answers on the form are applicable, etc. Note provisions in Remarks.
- 8 - Not available

When data are not codable or not available for a provision that is coded in a one-digit coding block, use one of the following codes:

- 8 - Not available
- 9 - Other (specify in Remarks)

OTHER CODES

Two codes are completed by Washington when the EBS schedule is sent in: Plan response and D.C. Use. All Washington coding is done in shaded boxes on the 3111 form. Do not enter any code in a shaded area.

4.3 CONVERTING DAYS

Converting Calendar Days to Work Days

For each leave item that requires coding in days, use work days as opposed to calendar days. This rule applies to holidays, vacations, personal, funeral, military, jury duty, parental, and sick leave. Use the following chart, as needed, to convert calendar days and months to work days; note that this chart applies to workers on a 5 day per week schedule.

<u>Calendar days</u>	<u>Work days</u>	<u>Calendar days</u>	<u>Work days</u>
7 days	5 days	7 months	152 days
1 month	22 days	8 months	173 days
2 months	43 days	9 months	195 days
3 months	65 days	10 months	217 days
4 months	87 days	11 months	238 days
5 months	108 days	1 year	260 days
6 months	130 days	2 years	520 days

For example, Graham's Grouzers offers its employees one week of vacation after 1 year, two weeks after 3 years, one month after 15 years, and two months after 25 years. Code the schedule question of the Vacations section as follows:

- AT 1 YEAR: 5 days
- AT 3 YEAR: 10 days
- AT 15 YEAR: 22 days
- AT 25 YEAR: 43 days

Leave Benefits for Part-time Workers

Report the number of days of vacations, holidays, personal leave, etc., received by part-time workers. Disregard hours. If all employees get 10 holidays (some at 8 hours, some at 4 hours), code one plan.

4.3 CONVERTING DAYS (Continued)

Leave Benefits for Workers on Rotating Shifts

Certain professions (for example, firefighters, police officers, nurses) have rotating shifts. Rotating shifts are work schedules based on other than a seven day week. To calculate leave benefits other than holidays, calculate the number of eight hour equivalent days. For example, Penn County police officers receive five weeks of vacation a year, and work 53 straight-time hours per week. The total number of hours of vacation is 265 ($5 \times 53 = 265$). Two hundred and sixty-five divided by 8 equals 33.13, so these workers receive 33 days of leave a year. Write all such calculations in the Remarks section. Do not calculate eight hour equivalent days for workers who are not on a rotating shift.

4.4 WORK SCHEDULE REPORTING

Record the straight-time hours per day and per week that employees are regularly scheduled to work during a typical payroll period. **Report multiple work schedules within an occupation as separate plans.** Scheduled hours include paid rest time and paid lunch time. Report employees on discretionary or non-fixed work schedules separately from employees with non-discretionary, fixed work schedules. Also, record any flexible work arrangements that exist. **If any work schedule provision differs between two groups of workers, for example, flextime, a separate work schedule must be coded.**

For all work schedules, complete the following: Name of plan, number of participants, number of regularly scheduled straight-time hours per day and per week for a typical payroll period, and flexible work arrangements. Include paid lunch time, paid rest periods, and paid travel time in the number of scheduled hours. Exclude overtime hours **paid at premium rates.**

Describe every work schedule in the **Remarks** section that isn't on a 7-day cycle (repeats every 7 days).

Every worker has a work schedule. Participation will always sum to the number of workers in the quote.

4.5 WORK SCHEDULE: NONFIXED AND ROTATING SHIFTS

Non-fixed Work Schedules

Executives, traveling operating employees (such as pilots and over-the-road truck drivers and salespeople), college and university teachers, and medical doctors, interns, and residents, have work schedules that are variable and may be difficult to collect. If you can obtain a legitimate, concrete work schedule for these workers, code it as you would for any other workers. Frequently, however, work schedules for these workers are discretionary or non-fixed (for example, university professors may be permitted to do research at times and durations of their choice, and medical interns may be on 24-hour on-call status).

If all workers are on discretionary or non-fixed work schedules, code them under BLS Plan 01; if some workers have fixed schedules and others have discretionary or non-fixed work schedules, report two plans. For all discretionary or non-fixed work schedules:

- Check the non-fixed boxes in Questions 3 and 4.
- Enter hours per day and per week as computed for ECI.
- Enter the number of participants in Question 6.

Do not report **part-time work schedules** as non-fixed.

Do not report flexible work schedules as non-fixed.

Do not code workers with non-fixed work schedules for paid lunch or paid rest time.

Be aware that unusual schedules (such as oil rig workers) are not automatically non-fixed. Check for regularly recurring patterns.

A schedule may be nonfixed if the majority of time worked is nonfixed. For example, a professor will often have fixed time required for office hours and classes, but the rest of the work schedule is discretionary. Code as nonfixed.

Professions that work fill-in hours, such as substitute teachers, should never be coded as nonfixed.

Reporting Work Schedules

For **all** workers, report the actual **straight-time** hours per day and per week **scheduled to work**, if the schedule is available. If there are several schedules **within an occupation**, report the different schedules and participation **as separate plans**. If there is more than one work schedule, but you cannot get actual participation for each schedule, use probability proportionate to

4.5 WORK SCHEDULE: NONFIXED AND ROTATING SHIFTS (Continued)

size (PPS) sampling to choose one. If this is not possible, compute or estimate an average work schedule and combine participation in that work schedule. This instruction supersedes ECI Collection Manual instructions in Chapter J. Otherwise, hours per day and hours per week are the same as defined in the ECI Manual Chapter J for "schedule of daily hours" and "scheduled weekly hours" and reported in Section I of the 3038D work schedule.

Rotating and Nonstandard Shifts

Certain professions, such as firefighters, police officers, and nurses, work shifts that do not conform to a seven day a week schedule. To calculate the hours per week, determine the amount of time required for an employee to complete a full rotation through a work schedule. Calculate the number of hours worked in this time, divide by the number of days, and multiply by seven.

For example, the firefighters of Farlander County work a 24 hour shift, followed by 48 hours off, then work another 24 hours, then get 96 hours off. The total amount of time to complete this rotation is 192 hours, or eight days. Over these eight days, the firefighters work 48 hours, or an average of six hours each day ($48/8 = 6$). The average week is 42 hours ($6 \times 7 = 42$). Report all calculations in the Remarks section.

To compute hours per day, take the length of the average working shift. In the case of Farlander county, the average shift is 24 hours, so the average work day is 24 hours.

In nearly all cases, the hours per day and per week will be the same as those reported for ECI.

NOTE: By law, firefighters may not work more than 53 hours a week of straight-time hours. If calculations show that firefighters average more than 53 hours, code for a 53 hour week, and note the additional hours in the Remarks section.

4.6 WORK SCHEDULE: FLEXIBLE WORK ARRANGEMENTS

Flexible Work Arrangements

Flexitime is a flexible work schedule plan that allows employees to determine their own work hours within general set parameters. Typically, employees are required to be at work a minimum number of "core" hours each day (for example, from 10 a.m. to 3 p.m.) but the start and end time or total hours worked varies according to employee preference. Flexitime arrangements include:

Day flexitime - employees decide when to arrive at work and when to leave, but the number of hours must total the normal daily hours.

Week/biweek flexitime - employees do not need to work the same hours each day, as long as the normal week's/biweek's hours are accounted for at the end of the week/biweek.

Month flexitime - employees do not need to work the same hours each week, as long as they have worked the normal hours by the end of the month.

Code the question, "Are any flexible work arrangements provided for the employees?", as follows: 1 - Yes, flexitime is provided; 2 - No, flexible work arrangements are not provided; 8 - Data not available, and 9 - Other (describe in Remarks).

For an employee on flexitime, report the number of hours per day (question 3) and hours per week (question 4) that the employee would be required to work if not on flexitime.

Do not report flexitime arrangements as "Nonfixed."

It is not flexitime merely because a worker has a choice of work schedules or because a worker chooses an alternative work schedule. Enter a code "2" (No, flexible work arrangements are not provided) in these situations.

If two workers have identical work schedules, but one is offered flexitime and the other is not, code two plans. In plan 1, record the worker who is offered flexitime, the number of hours per day and week, and answer the flexitime box "yes". In plan 2, record the worker who is not offered flexitime, the same number of hours per day and week as in plan 1, and answer the flexitime box "no."

4.7 PAID LUNCH TIME

Time allowed for lunch, and counted as part of the workday, is recorded here. The time allowed is recorded as minutes per day, the most common being 20-30 minutes.

Paid lunch time is time allowed for eating lunch, commonly 20-30 minutes, counted as part of the paid workday. It is limited to formal plans. It is an infrequent occurrence, usually practiced where employees cannot leave their work places for meals (for example, coal mines).

In almost all cases, it will be clear whether or not the employees are paid for the time they spend eating lunch.

Some employees, such as nurses and switchboard operators, are subject to call while on paid lunch (or rest time). Consider them as having paid lunch (and paid rest) if they can reasonably expect to receive the benefit. If they are called to duty so frequently that the benefit is more fiction than fact, do not code the benefit.

Example 1: Some federal employees are expected to be at work from 8:15 a.m. to 4:45 p.m., five days a week, and are paid for 40 hours. Since the "at work" time is 42 1/2 hours and the "paid for" time is 40 hours, federal employees do not receive paid lunch time.

Example 2: A company pays its employees for 40 hours worked for an 8:00 a.m. to 4:00 p.m. work schedule, which includes 1/2 hour for lunch. Code this situation as employees receiving paid lunch time.

See the discussion of Work Schedule in Section 4.4. Paid lunch time cannot be coded without knowing the Work Schedule.

EXHIBIT 4.7

PAID LUNCH TIME

Workers at the Hard Times Mill are paid for 40 hours a week. The respondent, Mr. Josiah Bounderby, tells you that all employees are expected to report for work at 8:00 a.m. and may leave at 4:00 p.m. Since the "at work" time (8hrs x 5 days) equals the paid time (40 hours), employees either get paid lunch time, do not eat lunch, or eat while working. Questioning Mr. Bounderby further, you learn that the employees stop work for 1/2 an hour in the middle of the day for a lunch break. Thus, code the Hard Times Mill plan as a 30 minute paid lunch time plan.

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PAID LUNCH TIME

Record	SA	SLJ Plan No.	Response Code
010	06	01	
(1-3)	(16-17)	(18-19)	(20)

2. Name of Place:

All Employee Pd Lunch
(21-44)

3. How many minutes per day of formal paid lunch time are provided?

minutes per day	nc = 7 nw = 8
30	
(45-48)	(47)

4. Participants

If all employees participate, enter
A.I. in participation for Hlt #1.
No additional entries are needed.

PR #	Participant	Gr. Size	
1	ALL		
	(48-94)	(95)	
2			
	(95-132)	(133)	
3			
	(134-179)	(181)	
4			
	(182-191)	(192)	
5			
	(192-200)	(201)	
6			
	(201-244)	(245)	
7			
	(245-102)	(103)	D.C. Use
8			
	(104-110)	(111)	(112)

References

Source	SA	SLT Plan No.	Response Code
010	06	02	
(1-3)	(16-17)	(18-19)	(20)

2. Name of Plant:

(21-44)

3. How many minutes per day of formal gold lunch time are provided?

minutes per day	no. = 7 rate = 8
(45--48)	(47)

4. Participants

† If all employees participate, enter \$11. In participants for HR §1.
No additional entries are needed.

	Participants	Gr. Size	
1			
	(48-54)	(10)	
2			
	(55-61)	(9.5)	
3			
	(62-70)	(7.1)	
4			
	(72-78)	(7.9)	
5			
	(80-88)	(6.7)	
6			
	(89-94)	(9.2)	
7			
	(95-100)	(16.5)	B.C. Use
8			
	(104-110)	(11.1)	(11.2)

Remarks:

4.8 PAID REST TIME

Time allowed to rest and/or clean up, and counted as part of the workday, is recorded here. The time allowed is recorded as minutes per day; the most common being two breaks of 10-15 minutes per day (a total of 20-30 minutes per day).

Paid rest time is a brief interruption in the workday, usually of 10 to 15 minutes duration, during which the employee relaxes or rests without loss of pay. Paid rest time also includes

- Paid periods used for preparing to begin or end work, such as suit-up time and clean-up time
- Customarily observed paid rest time, even if it is not set down in writing.

Name of Plan

Use the name of the plan to specify the purpose for which the time is provided (for example, name the plan "coffee break," "suit-up," "clean-up," "legally required," etc.).

Minutes per day

Please note that paid rest time is limited to formal or customarily observed plans only and does not follow the OWS 20-minute rule; there are no minimum or maximum limits for paid rest periods in EBS.

See the discussion of Work Schedule in Section 4.4 of this Manual. Paid rest time cannot be coded without knowing the Work Schedule.

Include clothes-changing time as rest time if it is considered to be part of the workday. If, however, clothes-changing time is outside of the work schedule, do not include it in paid rest time even if the establishment pays workers for the time.

Some employees, such as nurses and switchboard operators, are subject to call while on paid rest (or paid lunch). Consider them as having paid rest (and paid lunch) if they can reasonably expect to receive the benefit. If they are called to duty so frequently that the benefit is more fiction than fact, do not code the benefit.

A few employees participate in more than one paid rest time plan (for example, two 10-minute washup periods equals one 20-minute paid rest plan). As long as you can add them together and answer the provisions questions identically, then you can combine paid rest plans.

EXHIBIT 4.8**CODING PAID REST TIME**

Plant A has a work schedule of 8:30 a.m. to 5 p.m. (1/2 hour for lunch). Formal changing time is from 8:30 to 8:36 and 4:54 to 5. Since the clothes-changing time is included in the workday, include it as paid rest time of 12 minutes per day.

The Plant A plan would be considered a 12 minute per day paid rest time plan. If workers in Plant A also receive one 15 minute coffee break per day, their rest time plans would be combined into one 27 minute per day plan.

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PAID REST TIME

Record	SA	SLS Plan No.	Response Code
010	07	01	
(1-3)	(16-17)	(18-19)	(20)

1. Benefit/Plan Identification Information:

2. Name of Plan:

Plant Pd Rest

(21-44)

3. How many minutes per day of formal paid rest time are provided?

minutes per day	no = 7
27	
(45-46)	(47)

4. Participation:

If all employees participate, enter ALL in participants for HR #1. No additional entries are needed.

HR # 1

Participants	Gr. Size
15	
(48-54)	(55)
8	
(56-62)	(63)
0	
(64-70)	(71)
0	
(72-78)	(79)
(80-86)	(87)
(88-94)	(95)
(96-102)	(103)
(104-110)	(111)
	(112)

Remarks:

Record	SA	SLS Plan No.	Response Code
010	07	02	
(1-3)	(16-17)	(18-19)	(20)

1. Benefit/Plan Identification Information:

2. Name of Plan:

(21-44)

3. How many minutes per day of formal paid rest time are provided?

minutes per day	no = 7
(45-46)	(47)

4. Participation:

If all employees participate, enter ALL in participants for HR #1. No additional entries are needed.

HR # 1

Participants	Gr. Size
(48-54)	(55)
(56-62)	(63)
(64-70)	(71)
(72-78)	(79)
(80-86)	(87)
(88-94)	(95)
(96-102)	(103)
(104-110)	(111)
	(112)

Remarks:

4.9 PAID VACATIONS

Nearly all workers receive some type of paid vacation. Vacation payments are based either on time or a percent of annual earnings. Time-based plans are more common.

For time-based plans, report the length of vacation (days off); for percent of annual earnings plans report the percent and the days off. For both time and percent of annual earnings plans, complete those length of service intervals which go up to and include the last change in the vacation schedule.

Paid vacations are defined as leave from work normally taken in blocks of days or weeks, the purpose of which is to provide an extended rest or break from work. The amount of vacation leave received each year may vary based on a worker's length of service, salary level, occupational category, or supervisory status, etc. Vacation pay is usually full or partial pay for time taken, but it may also be a percent of annual earnings.

Do not report attendance bonuses (where employees are credited with extra days of leave for not using their sick leave) as either vacations or any other form of leave. Describe such attendance bonuses in "Remarks."

Ninety-nine percent of all employees, other than teachers, receive paid vacations. If workers (other than teachers) receive no paid vacations, a footnote is required.

See Section 4.10 for instructions on private or public school and combined leave reporting.

How many months must an employee work before being able to take vacation benefits?

Please note that this question asks when may employees first take their vacation time, not when do they begin to earn vacation time.

On what basis are vacation payments made?

There are two major types of vacation payment plans: time-based and percent of annual earnings.

In Time-based payment plans, the worker receives full pay or a fraction of full pay for a specified period of time off from work. Nine out of ten vacation plans are time-based.

In Percent of annual earnings payment plans, the worker receives a specified percentage of annual earnings. The period of time off from work may or may not be specified.

4.9 PAID VACATIONS (Continued)

Vacation bonus payments

It is not necessary to enter the amount of a vacation bonus in Remarks for Washington use.

Carefully examine all situations in which benefit payments are greater than 100% of regular pay. These may be nonproduction bonuses, which are reported in the Additional Benefits section. Use the following guidelines to determine whether these are vacation bonuses or nonproduction bonuses.

- If the establishment considers the payment as part of the regular benefit, it is a vacation bonus. If, however, the payment is considered to be a bonus or incentive apart from the regular benefit payment, it is a nonproduction bonus, not part of vacation pay.
- If it is part of a union agreement that trades increased pay for fewer days off, it is vacation pay.
- If the pay varies by the choice of the employee, it is a vacation bonus. For example, an employee receives full pay plus a vacation bonus additive of \$25 if the vacation is taken in May-June, or \$50 per week if the vacation is taken in Sept.-Oct. or March-April, or \$75 per week if the vacation is taken in November-February. The additive is a vacation bonus.

If vacation bonus is provided, check the appropriate box in question 6.

Enter a check if a vacation bonus is provided, or if benefits are part of a leave bank.

Enter a check if vacation days encompass other leave benefits (leave bank), such as holidays, sick leave, and personal leave. Consolidated leave plans or leave banks have been adopted by many hospitals.

4.9 PAID VACATIONS (Continued)

Does the plan allow the employee to carry over or cash-in unused vacation time?

Carry over is the practice of transferring unused leave from one year to the next year. Cash-in is the practice of converting unused leave to cash at the end of the year.

Consider provisions where the employer reserves the right to decide whether to pay for unused vacation as formal cash-in provisions and code them accordingly.

If unused vacation time is not usually paid for but has been paid for in the past because of unusual circumstances, code the plan as not allowing cash-in of unused vacation, i.e., use code #4.

Do not consider plans that provide for cash-in at retirement or termination only as having a cash-in policy.

Some flexible benefits plans allow employees to buy or sell vacation time. In a vacation buy back option, employees can trade some of their vacation time in return for cash or flexible benefits credits. However, since such a buy back option is not limited to disposing of vacation time only at the end of the year, do not report it as a cash-in provision.

4.9 PAID VACATIONS (Continued)

Schedule of vacation time and payments

Report the number of days of vacation available as of the indicated length of service (LOS) intervals from "AT 1 YEAR" through the LOS interval where the maximum vacation amount is reached and does not change. If the maximum vacation amount is granted at 20 years, for example, code through the "AT 20 YEARS" line on the schedule of vacation time and payment, and leave the remaining lines blank. (A computer program will calculate the remaining values.)

For time based plans, report the annual days of vacation; for percent based plans, report the percent of annual earnings and convert to the number of annual days (see Exhibit 4.9-A for conversion factors) if the number of days is not provided. You don't have to zero fill each column.

Code the maximum vacation box only if the largest number of vacation days granted (maximum vacation) was not entered in one of the LOS intervals above. Examples: 1) if the max. vacation is 6 weeks at 35 years, enter "30 in the MAX box, and 2) if max vacation is 5 weeks and is reached at 28 years, leave the MAX box blank, and code the AT 30 YEARS box "25". If there is no specified maximum, code the "Maximum Vacation" line for the vacation days granted to employees who have 41 years of service.

Some plans stipulate that vacation time is earned as of a specified date instead of from the date of hire, for example, "the vacation year begins on April 1." Other plans specify that length of service requirements must be met as of a certain date (usually January 1) each year in order for the employee to be eligible for vacation time. Ignore these stipulations and report the vacation policy as if the employee had met all requirements for the specified amount of vacation. In the above examples, you would report the provisions in effect for employees (1) hired on or before April 1, and (2) attaining the years of service requirement on January 1, respectively.

Classify the United Automobile Workers "Paid Absence Allowance" as vacation time. Add the allowance to the vacation of the workers covered by it.

EXHIBIT 4.9-APAID VACATIONS - CONVERTING PERCENTS TO DAYS

If the actual amount of vacation time to which the worker is entitled is not stipulated, convert the percent of annual earnings to the number of full pay equivalent days. If the workers covered by the plan are on a 260-day per year schedule, you may use the following table:

<u>Percent of Annual Earnings</u>	<u>Number of Vacation Days</u>
Less than 0.1	0
0.2 to 0.5	1
0.6 to 0.9	2
1.0 to 1.3	3
1.4 to 1.7	4
1.8 to 2.1	5
2.2 to 2.4	6
2.5 to 2.8	7
2.9 to 3.2	8
3.3 to 3.6	9
3.7 to 4.0	10
4.1 to 4.4	11
4.5 to 4.8	12
4.9 to 5.1	13
5.2 to 5.5	14
5.6 to 5.9	15
6.0 to 6.3	16
6.4 to 6.7	17
6.8 to 7.1	18
7.2 to 7.4	19
7.5 to 7.8	20
7.9 to 8.2	21
8.3 to 8.6	22
8.7 to 9.0	23
9.1 to 9.4	24
9.5 to 9.8	25
9.9 to 10.1	26

If the percentage is greater than 10.1, use the following equation to calculate full pay equivalent days:

$$260 \times \text{percentage of annual pay} = \text{equivalent days.}$$

If the establishment does not operate on a 260 days per year schedule, calculate the equivalent days as follows:

$$\text{Scheduled days per year} \times \text{percentage of annual pay} = \text{equivalent days.}$$

EXHIBIT 4.9-BCODING VACATIONS

The CLC Corporation provides the following vacation plan for employees who have completed 3 months of service by January 1:

6 months	-	3 days
1 year	-	1 week
3 years	-	2 weeks
12 years	-	3 weeks
24 years	-	4 weeks (max.)

PAID VACATIONS - Continued

9. Schedule of Vacation Time and Payments: (Complete service data only this

Plan 1

Column A Length of Service	Column B Annual days of Vacation	Column C Percent of Annual Earnings
AT 1 YEAR	5 days (117-118)	. X (119-121)
AT 3 YEARS	10 days (122-123)	. X (124-126)
AT 5 YEARS	10 days (127-128)	. X (129-131)
AT 10 YEARS	10 days (132-133)	. X (134-136)
AT 15 YEARS	15 days (137-138)	. X (139-141)
AT 20 YEARS	15 days (142-143)	. X (144-146)
AT 25 YEARS	20 days (147-148)	. X (149-151)
AT 30 YEARS	days (152-153)	. X (154-156)
MAXIMUM VACATION	days (157-158)	. X (159-161)
		Code for grid no = 7 row = 8
		D.C. Use
		(162) (163)

Keypunch: Go to Page 6, Plan 2

Remarks:

Notes:

Ignore the company's stipulated start of vacation earnings. Assume that all employees meet these requirements.

At 1 year - Report 5 days.

Leave the AT 30 YEARS and MAXIMUM VACATION lines blank, because the maximum vacation was reached at 24 years and coded at 25 years.

It is not necessary to zero fill each column; enter "3" instead of "03", and "2.0" instead of "02.0" (for percent).

4.10 PAID VACATIONS: SPECIAL CODING

There are many special types of vacation plans. Use these instructions to code the following vacation situations:

- Plans paying less than full pay
- Plans not based on a 5-day workweek
- Savings and vacation plans
- Annual leave
- Anniversary year plans
- Uniform plans
- Vacation bonus plans
- Commissioned sales workers vacation plans
- Vacation funds
- Ratio-to-work plans
- Christmas breaks
- Private and public school reporting
- Combined leave
- Informal vacation plans
- Executive vacation plans
- Flexible benefit plans.

Plans paying less than full pay - Most time-based vacation plans will pay workers full pay for time off work. In some cases, however, plans will pay significantly less than the worker's regular pay. If this occurs, code question 5 "2," answer question 9, column B with the number of vacation days granted. **If the percent of pay is known, enter it in the Remarks section. When incentive or commissioned sales workers receive base pay only, simply note "receive base pay" in the Remarks section and code question 5 code "2".**

For example, if a time-based plan grants 2 weeks of vacation but only 1 week of pay, code question 5 "2," report 10 days in column B of question 9 and write "50% of pay" in Remarks. Note that you do not use Column C to report less than full pay.

Plans not based on a five-day workweek - If an establishment has a work schedule based on other than a 5-day workweek, convert vacation days to reflect a 5-day work week. For example, workers at Huffo Corp. have a 4-day, 10 hour per day work schedule and receive 2 weeks of vacation. Report 10 vacation days to show a 5-day work week with 2 weeks vacation schedule. Describe in Remarks how you converted the vacation provision into the 5-day schedule. **Calculate vacation days for workers on rotating shifts (for example, police and firefighters) to 8 hour equivalents.** For example, if Beyer County police officers get 10 days off for vacation, and a day consists of a 12 hour shift, code 15 days of vacation ($10 \times 12 / 8 = 15$.)

4.10 PAID VACATIONS: SPECIAL CODING (Continued)

"Savings and Vacation" plans - Typical savings and vacation plans provide 13 total weeks of vacation every five years to workers in the top half of the seniority list and three weeks every five years to workers in the bottom half of the seniority list. These plans used to be common in the steel industry, but were dropped in 1984. However, these plans are still part of agreements negotiated in the aluminum and can industries. Report savings and vacation plans in the Remarks section of the vacation plan they supplement. You don't have to fill out a separate vacation schedule for these plans.

Annual leave - Report annual leave (vacation plus personal leave) as vacation time, unless you can distinguish the vacation and personal leave components and report them separately. Check the box for leave bank encompassing other leave.

Anniversary year plans - Some time-based vacation plans offer extended vacations to employees on certain "anniversary years." For example, employees receive an extra week of vacation at 10 and 20 years of service (but not during the intervening years). Code these plans in question 9 as you would any other time-based vacation plan, adding the extra days in column B at the "anniversary" years specified by the plan. For example, you would show extra vacation days given at 10 and 20 years. To assist in editing and schedule review, please note in Remarks that the extra days result from an "anniversary year" provision.

Uniform plans - These plans have provisions that do not vary by length of service or any other criterion, for example, 10 days a year at one year or more of service.

If a plan provides uniform provisions to all eligible employees, code the length of service line corresponding to when the employee was eligible for the full vacation, and leave the remaining lines blank. For the above example, code the AT 1 YEAR box in Col. B "10", and leave the rest of Col. B blank.

Vacation bonus plans - Report the basis of pay for vacation bonus plans (standard dollar amounts are paid to all employees within a certain category) as "other" (neither time nor percent of earnings). Do not confuse vacation bonus payments with vacation bonus plans.

4.10 PAID VACATIONS: SPECIAL CODING (Continued)

Commissioned sales and incentive workers - Do not be confused by the calculations that establishments use to determine vacation or other leave pay for commissioned sales or incentive workers. Code the vacation schedule according to the intent of the plan. For example, if sales workers receive their average weekly earnings for the prior year for each week of vacation, the intent is clearly to provide regular pay for each week. Report the basis of pay as "Time (100% of regular earnings)." **If workers receive base pay only, use code "2".** (See "plans paying less than full pay".)

Vacation funds - Some establishments contribute a cents/hour worked for their union workers into a vacation fund. Report the basis of pay as "Other." It is not necessary to visit union officials for details of these plans. Skip the rest of the vacation questions.

Ratio-to-work plans - A direct relationship exists between the time an employee works and his total vacation payment. The plan relates vacation credits and pay to units of work in shifts, hours, days, or weeks. Report the basis of pay as "Other," and skip the rest of the vacation questions.

Christmas breaks - If a company provides a Christmas break, normally code these days as Holidays. However, if the company considers this a Christmas Vacation, code it as vacation time.

Private and Public school reporting - For Teachers and other contract personnel at private or public schools, report only paid vacations specified in the contract or school benefit documents. Do not report as paid vacation unpaid recess periods. In "Remarks," indicate the amount of time attributable to unpaid recesses.

Combined leave reporting - Where holidays, vacation, sick leave days, funeral leave, or personal leave days are combined under one leave category, report all leave as vacation time unless you can separate the components. Check the 'leave bank' box.

Informal vacation plans - Include informal vacation plans; specify 'informal' in the plan name. Code the number of participants, check the 'informal plan' box, and note any details of the plan in the Remarks section.

Train and Engine employees - Code the number of vacation days paid for based on regular hours. Do not adjust the number of hours to account for boosted hours.

4.10 PAID VACATIONS: SPECIAL CODING (Continued)

Executive vacation plans - As you might expect, executives commonly have a more generous vacation plan than other workers. If one of the selected jobs is an executive, check the vacation provisions.

Flexible benefit plans - Flexible benefit plans (cafeteria plans) enable employees to choose benefits that are most suitable to their needs. While most cafeteria plans concentrate on insurance options, some plans do offer employees the chance to buy increased vacation time with employer credits or to sell vacation days to add credits.

When you encounter a flexible vacation benefit:

ENTER	the participation in the basic vacation plan
CODE	the basic vacation plan provisions
GET	a plan description for the cafeteria plan
VERIFY	that the plan description contains details on buying and selling vacation days.

See Section 4.9 on cash-in coding.

EXHIBIT 4.10**PAID VACATIONS - CODING ANNIVERSARY YEAR PLANS**

Harley Econometrics grants employees an additional week of vacation on their 10th and 20th anniversaries with the company. Their regular vacation schedule is 1 week at 1 year of service, 2 weeks at 2 years, 3 weeks at 5 years, 4 weeks at 25 years, and 5 weeks at 30 years. Complete the schedule of vacation time and payments for Harley as follows:

PAID VACATIONS - Continued

9. Schedule of Vacation Time and Payments: (Complete service data only through the last year the data changes.)

Plan 1

Column A Length of Service	Column B Annual days of Vacation	Column C Percent of Annual Earnings
AT 1 YEAR	5 days (117-118)	. % (119-121)
AT 3 YEARS	10 days (122-123)	. % (124-126)
AT 5 YEARS	15 days (127-128)	. % (129-131)
AT 10 YEARS	20 days (132-133)	. % (134-136)
AT 15 YEARS	15 days (137-138)	. % (139-141)
AT 20 YEARS	20 days (142-143)	. % (144-146)
AT 25 YEARS	20 days (147-148)	. % (149-151)
AT 30 YEARS	25 days (152-153)	. % (154-156)
MAXIMUM VACATION	days (157-158)	. % (159-161)
		Code for grid nc = 7 nv = 8
		D.C. Use
		(162) (163)

Keypunch: Go to Page 8, Plan 2

Remarks:

Plan 2

Column A Length of Service	Column B Annual days of Vacation	Column C Percent of Annual Earnings
AT 1 YEAR	days (117-118)	. % (119-121)
AT 3 YEARS	days (122-123)	. % (124-126)
AT 5 YEARS	days (127-128)	. % (129-131)
AT 10 YEARS	days (132-133)	. % (134-136)
AT 15 YEARS	days (137-138)	. % (139-141)
AT 20 YEARS	days (142-143)	. % (144-146)
AT 25 YEARS	days (147-148)	. % (149-151)
AT 30 YEARS	days (152-153)	. % (154-156)
MAXIMUM VACATION	days (157-158)	. % (159-161)
		Code for grid nc = 7 nv = 8
		D.C. Use
		(162) (163)

Remarks:

4.11 PAID HOLIDAYS

Paid holidays are offered to nearly all employees; indicate exceptions in Remarks. Record the sum of the fully and partially paid holidays granted as part of a continuing holiday plan. Report the establishment's policy when a holiday falls on a scheduled day off. Code extended breaks as holidays, unless the establishment designates them as vacation.

Paid holidays are days of special religious, cultural, social, or patriotic significance on which work or business ordinarily ceases. Employees, either by agreement or by company policy, receive full or partial daily pay without working, or are required to work but receive premium pay as compensation. Paid holidays include floating holidays which vary from year to year according to employer or employee choice **and are designated as holidays by the employer (as opposed to personal leave)**. Half-holidays are also common. Exclude unpaid days off.

Sum whole and partial day holidays and report a figure to the nearest tenth of a day. For example, report 9 whole days and 3 half days as "10.5."

Nearly all employees within scope of the survey (except teachers) receive paid holidays. If workers (except teachers) receive no paid holidays, a footnote is required.

SPECIAL CODING

For teachers and other contract personnel at private or public schools, report **only** paid holidays specified in the contract or school benefit documents. Do not report as paid holidays unpaid recess or holiday periods. **Exclude "snow days", teacher workdays, and similar paid days where the day may or may not be worked, depending on circumstance.** In "Remarks," indicate the amount of time attributable to unpaid recesses or school holidays.

If holidays, vacation, sick leave days, or personal leave days are combined under one leave category, report all leave as 'vacation time' unless you can separate the components. (These consolidated leave plans or "leave banks" have been adopted by many hospitals.)

For incentive pay workers, code for the number of days off, regardless of how holiday pay is calculated. **For example, commissioned workers may only receive only base pay during holidays.** Indicate the number of holidays regardless of pay.

See Section 4.3 for coding of holidays for part-time workers.

4.11 PAID HOLIDAYS (Continued)

Prorate infrequently occurring holidays, so that, for example, an every-other-year holiday will be reported as .5 holidays, or a "Presidential Election Day" holiday will be reported as .2 holidays (.25 rounded down, if the next to last digit is even). Ignore one-time holidays.

If an establishment provides a Christmas break to employees, code the break as paid holidays. However, if the company or union considers the break a Christmas vacation, code it as vacation.

Train and Engine Employees- Do not adjust the number of holidays granted to train and engine employees to account for boosted hours.

Police and Firefighters- Report the number of paid holidays stated in the contract. These occupations are typically paid for a set number of holidays per year, but no additional time off is given for holidays. If this is the case, code question #5 as 3 "an additional day's pay is granted."

Report the establishment's policy for holidays occurring on a scheduled day off.

Some plans provide less or more compensation for a holiday falling on a day off than for a holiday falling on a workday. Code question 4 as "Other," code 9, and describe these provisions in Remarks.

Washington does not require you to list the actual holidays; however, your Survey Manager may.

For informal plans, write 'Informal' in the plan name and check the informal plan box below the 'Name of Plan' question. Then skip to the participation question and code only the participation boxes for that benefit area. Specify details in Remarks.

4.12 PAID PERSONAL LEAVE

Personal leave is defined as multi-purpose leave, rather than leave used for one specific purpose. Record the number of days, or indicate in the appropriate box when the leave is provided as needed.

Paid personal leave is defined as general purpose leave, used for reasons important to the individual employee, but not otherwise provided for by other forms of leave. Personal leave is designed as a "catch-all" to provide the employee with paid time off from work for miscellaneous purposes not covered by other types of leave. Thus, leave plans devoted to specific purposes (such as **floating holidays**, vacations, funerals, or jury duty) are not personal leave. Some employers place restrictions on the purposes for which personal leave may be used; other companies have no restrictions. The key is whether the leave may be used for multiple, rather than for specific, purposes.

Report annual leave (vacation time plus personal leave) as vacation, unless you can separate the personal leave component from the vacation time. If you can separate personal leave from vacation, allocate the annual leave between personal leave and vacation.

Report leave for workers on rotating shifts in 8 hour equivalents.

Include informal personal leave plans; specify 'informal' in the plan name. Code the number of participants, check the 'informal leave' box, and note any other details of the plans in the Remarks section.

What is the maximum number of paid personal leave days?

If the number of days provided varies by length of service, code the greatest number of days, check the "Varies" box, and describe the LOS schedule in "Remarks."

If the plan provides personal leave "as needed" (no specific maximum), enter a check mark in the "As Needed" box.

EXHIBIT 4.12**EXAMPLE OF HOW TO CODE PERSONAL LEAVE**

Solness Construction Company has a formal general purpose leave plan for their clerical employees. Employees with 5 or more years of service get 3 days per year; other employees get 1 day per year.

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PAID PERSONAL LEAVE

Record	SA	SLS Plan No.	Response Code
010	12	01	
(1-3)	(10-17)	(18-19)	(20)

1. Benefit/Plan Identification Information:

2. Name of Plan:

Clerical Personal Leave

(21-44)

3. Check (✓) if informal plan, then answer question 5 only.

(45)

4. What is the maximum number of paid personal leave days provided each year by the plan? (Round off to the nearest day; thus, enter 5 1/2 days : 6.) If no maximum is specified, check (✓) the "as needed" box. If the number of personal leave days varies by length of service, code the great number of days and check "Varies". Enter the length of service schedule in Remarks.)

Days	Varies	As Needed	no =7 no =8
03	✓		
(46-47)	(48)	(49)	(50)

5. Participation

If all employees participate, enter ALL in participants for HR #1.
No additional entries are needed.

HR #	Participants	Gr. Size
1	0	
	(51-57)	(58)
2	3	
	(58-65)	(66)
3	0	
	(67-73)	(74)
4	0	
	(75-81)	(82)
5		
	(83-89)	(90)
6		
	(91-97)	(98)
7		
	(99-105)	(106)
8		
	(107-113)	(114)
		(115)

Remarks:

varies by LOS:< 5 yrs. - 1 day per year5+ - 3 days per year

Record	SA	SLS Plan No.	Response Code
010	12	02	
(1-3)	(10-17)	(18-19)	(20)

1. Benefit/Plan Identification Information:

2. Name of Plan:

(21-44)

3. Check (✓) if informal plan, then answer question 5 only.

(45)

Days	Varies	As Needed	no =7 no =8
(46-47)	(48)	(49)	(50)

5. Participation

If all employees participate, enter ALL in participants for HR #1.
No additional entries are needed.

HR #	Participants	Gr. Size
1		
	(51-57)	(58)
2		
	(58-65)	(66)
3		
	(67-73)	(74)
4		
	(75-81)	(82)
5		
	(83-89)	(90)
6		
	(91-97)	(98)
7		
	(99-105)	(106)
8		
	(107-113)	(114)
		(115)

Remarks:

4.13 PAID FUNERAL, MILITARY, AND JURY DUTY LEAVE

Collect the number of workers participating in the following leave plans:

- Paid funeral leave
- Paid military leave
- Paid jury duty leave

Also collect the number of days per year or occurrence allowed for each of these plans.

As with other benefits, workers participate in funeral, jury duty and military leave plans if they are qualified to receive these benefits and can then expect to receive benefits if needed or if requested. If there is a requirement for participation, then workers are automatically covered by these plans after completing requirements (usually length-of-service). Therefore, include as participants all workers who have not yet met the requirements. As in other EBS benefits, do not be concerned with the number of employees who use these benefits.

Include informal funeral, military and jury duty leave plans, too. Specify 'informal' in the plan name and check the 'informal plan' box below plan name. Code the number of participants and note any details of the plan in Remarks.

Report leave for workers on rotating shifts in 8 hour equivalents.

Funeral Leave - Provides pay to employees for an absence from work because of a death in the family. The period of absence is usually limited to a few days (for example, three days).

If the leave period varies by the relationship to the deceased, record the maximum days in "Days per occurrence," check the "Varies" box, and record the provisions in Remarks. If there is no set maximum, code the 'As Needed' box.

If the leave period varies by distance, code the maximum number of days available.

If the leave period varies by length of service, report the plan as not codable (code 7), and describe the length of service schedule in Remarks.

4.13 PAID FUNERAL, MILITARY, AND JURY DUTY LEAVE (Continued)

Military Leave - Provides paid absence from work to fulfill military commitments. Pay may be all or part of regular pay (frequently it is the difference between regular pay and military pay).

Since there is no draft, code for the most generous provisions applying to workers in either the reserves or the National Guard.

Code for the number of work days received for military leave, not calendar days. Therefore, code 2 weeks military leave as 10 work days, not 14 calendar days. If the amount of leave is granted as needed, check the "As Needed" box.

Jury Duty - Provides a paid absence from work due to being summoned to serve as a juror. Pay may be all or part of regular pay.

If jury duty leave is granted as needed, check the "As Needed" box.

PAID FUNERAL LEAVEEXHIBIT 4.13-AFuneral Leave Example

The Boffin Salvage Corporation grants all employees two days paid funeral leave upon the death of an immediate family member (spouse, child, parent). For the death of other family members, one day is granted.

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PAID FUNERAL LEAVE

	Record	SA	SLS Plan No.	Response Code																																																																																																						
1. Benefit/Plan Identification Information:	010	13	01		1. Benefit/Plan Identification Information:																																																																																																					
	(1-3)	(18-17)	(18-18)	(20)																																																																																																						
2. Name of Plan: (21-44)	Funeral For All				2. Name of Plan: (21-44)																																																																																																					
3. Check (✓) if informal plan, then answer question 5 only.	☐				3. Check (✓) if informal plan, then answer question 5 only.																																																																																																					
	(45)																																																																																																									
4. What is the maximum number of paid funeral leave days provided for each occurrence by the plan? (Round off to the nearest day; thus, enter 3 1/2 days as 4.) If the amount of leave provided varies depending on the relationship to the deceased, enter the maximum days in the "days per occurrence" box, check (✓) the "varies" box, and enter the provisions in Remarks. If the number of days off varies by location of the funeral, enter the maximum days in the "days per occurrence" box. If no maximum is specified, check (✓) the "as needed" box.																																																																																																										
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PAID MILITARY AND JURY DUTY LEAVEEXHIBIT 4.13-BMilitary Leave Example

Boffin Grants employees who are members of the armed services reserves as much military leave as needed. Employees who are members of the National Guard receive a maximum of 2 weeks leave per occurrence, up to 3 occurrences per year.

Jury Duty Leave Example

Boffin grants employees as much jury duty leave as they require. However, employees must turn over to Boffin any checks they receive from the court for serving as a juror.

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PAID MILITARY LEAVE

Record	SA	SLS Plan No.	Response Code
010	14	01	
(1-3)	(18-17)	(18-19)	(20)

1. Benefit/Plan Identification Information:

2. Name of Plan:
Pd. Military for All
(21-44)

3. Check (✓) if informal plan, then answer question 5 only. ☐
(45)

4. How many paid military leave days are provided each year? (If the amount of leave is granted "as needed," check (✓) the "As Needed" box.)

Days	As Needed	nc = 7 nov = 8
	✓	
(46-47)	(48)	(49)

5. Participation

If all employees participate, enter ALL in participants for HR #1. No additional entries are needed.

Participants	Gr. Size
ALL	
(50-56)	(57)
(58-64)	(65)
(66-72)	(73)
(74-80)	(81)
(82-88)	(89)
(90-96)	(97)
(98-104)	(105)
(106-112)	(113)
	(114)

HR # 1

Remarks: Pay difference

PAID JURY DUTY LEAVE

Record	SA	SLS Plan No.	Response Code
010	15	01	
(1-3)	(18-17)	(18-19)	(20)

1. Benefit/Plan Identification Information:

2. Name of Plan:
Pd. Jury for All
(21-44)

3. Check (✓) if informal plan, then answer question 5 only. ☐
(45)

4. How many paid jury duty days are provided per occurrence? (If unlimited or "as needed," check (✓) the "as needed" box.)

Days	As Needed	nc = 7 nov = 8
	✓	
(46-47)	(48)	(49)

5. Participation

If all employees participate, enter ALL in participants for HR #1. No additional entries are needed.

Participants	Gr. Size
ALL	
(50-56)	(57)
(58-64)	(65)
(66-72)	(73)
(74-80)	(81)
(82-88)	(89)
(90-96)	(97)
(98-104)	(105)
(106-112)	(113)
	(114)

HR # 1

Remarks: Pay difference

4.14 PARENTAL LEAVE

Parental leave is paid or unpaid leave given to a new mother or father for the special purpose of caring for their child during the early days of its infancy. The establishment must have a separate plan that covers parental leave, which may be either formal or informal. **Exclude plans which provide leave for the disability period only.**

Parental leave is granted in addition to any sick leave, annual leave, vacation, personal leave, or short-term disability leave that the employee may take.

A typical parental leave plan offers extended leave without pay to a parent for a period of several months while the parent is caring for the child. This period is granted in addition to the period of actual disability (the time in the hospital or the recuperation period immediately after the hospital stay) covered by a paid sick leave or sickness and accident insurance plan.

Parental leave may be either formal or informal. For an informal plan, write 'Informal' in the plan name on the 3111 and check the 'informal plan' box below plan name. Code the number of participants in the coding blocks on the form and note any details of the plan in the Remarks section.

Unpaid parental leave is common, but may not be labeled clearly. Ask about leave of absence policies that include maternity or paternity leave. In general, maternity leave will not be used while a woman is disabled, because sick leave or sickness and accident insurance will provide benefits. Typical parental leave plans provide time off after the disability, to be used for nurturing and bonding.

Paid parental leave is rare. If you encounter a paid plan, probe for additional details. Often, the plan is simply regular sick leave or vacation.

Plans that allow parents to take occasional time-off to care for a sick child or stay home to care for a child due to school closing, etc., are child care leave, not separate parental leave.

Because of the Pregnancy Discrimination Act of 1978, sick leave/Sickness and Accident insurance plans must treat pregnancy like any other illness. These are not separate parental leave plans.

Note: Code parental leave even if benefits are not received during the leave. Parental leave may only guarantee availability of a job upon return.

4.14 PARENTAL LEAVE (Continued)

See EXHIBIT 4.14-A for State-mandated parental leave benefit plans.

How many days of leave are provided under the plan?

Code for fully or partially paid leave days, as well as unpaid leave days. Include plans that provide only maternity or paternity leave. Convert weeks (normally, 5 days) and months to **work days (not calendar days)**. **Report leave for workers on rotating shifts in eight hour equivalents.**

When answering this question, ignore coordination of parental leave with other leave (Example: 100 days parental leave minus available sick leave). Code whatever the policy states is available (100 days parental leave).

Please obtain plan descriptions, if possible, whenever you report parental leave plans.

Participation

Report the number of workers who participate in parental leave plans which are:

- Employer provided
- Separate from other plans (rather than plans that merely allow the employee to use existing vacation, sick, or personal leave to cover time off for parental leave purposes) and,
- Either fully paid, partially paid, or unpaid.

Report participation as though each employee were of child bearing age and would take the maternity or paternity leave if they were to have children. Code all employees as participating (if this be the case) regardless of sex, age, or marital status.

EXHIBIT 4.14-A

Parental Leave laws in the U.S.

The following States have laws requiring some form of parental leave, either parental, maternity, or pregnancy disability. Unless otherwise noted, all EBS coding is for both maternity and paternity leave.

1. States that require EBS coding for all establishments over a given size

<u>State</u>	<u>EBS Coding</u>	<u>Notes</u>
Connecticut	12 weeks of leave for establishments with at least 250 employees	Leave will increase to 16 weeks and cover of at least 75 establishments employees by 1994
D.C.	16 weeks of leave for establishments of at least 50 employees	Will be expanded to cover establishments of at least 20 employees in 1993
Maine	Eight weeks of leave for establishments with at least 25 employees	
Massachusetts	Eight weeks of maternity leave only for establishments with at least six employees	
Minnesota	Six weeks of leave for establishments with at least 21 employees	

EXHIBIT 4.14-A (Continued)

<u>State</u>	<u>EBS Coding</u>	<u>Notes</u>
New Jersey	12 weeks of leave for establishments with at least 75 employees	Will be expanded to cover to establishments with at least 50 employees in 1993. Employers may exclude salaried employees who are among the seven highest paid in the establishment or in the top five percent of highest paid employees, whichever is greater.
Oregon	12 weeks of leave for establishments with at least 25 employees	
Rhode Island	13 weeks of leave for private employers with at least 50 employees; 13 weeks of leave for all State and municipal agencies	
Vermont	12 weeks of maternity leave only for establishments with at least 10 employees	
Washington	12 weeks of leave for establishments with at least 100 employees	Employer may exclude highest paid 10 percent of employees
Wisconsin	Six weeks of leave for establishments with at least 50 employees	

2. States that require parental leave for State agencies only.

Florida	Six months of maternity leave only
North Dakota	Four months of leave
Oklahoma	Leave required, but amount unspecified
West Virginia	12 weeks of leave

EXHIBIT 4.14-A (Continued)

3. States that require leave for parental disability. Establishments in these States must not be coded as having parental leave, unless nondisability parental leave is provided by the establishment.

California
Hawaii
Iowa
Kansas
Louisiana
Montana
New Hampshire
Tennessee

Five States provide temporary disability insurance benefits (California, Hawaii, New Jersey, New York, Rhode Island) that must include pregnancy in the list of disabilities covered. Because pregnancy is covered like any other illness, do not code temporary disability insurance (TDI) benefits as parental leave. If employers provide nondisability benefits beyond TDI, code these additional benefits in the parental leave section.

Code TDI plans for NY and NJ in the S & A section of the 3111. **Note that New Jersey has a separate parental leave plan; establishments in New Jersey should usually be coded with both a parental leave plan and an S & A plan.**

EXHIBIT 4.14-BParental Leave: When and when not to code

- Policy:** Extended parental leave: Ex. Unpaid leave for 3 months; renewable up to 9 months at discretion of supervisor.
- Coding:** Two parental leave plans; one formal providing 65 days of parental leave and one informal plan providing 9 months of parental leave.
- Policy:** Combination parental and disability: Ex. Five weeks of sick leave available for maternity with a doctor's authorization; State mandated six weeks available after disability benefits.
- Coding:** Code only the 6 weeks for parental leave required by law. The 5 weeks of disability are coded as sick leave.
- Policy:** Personal leave of absence: Ex. Both mothers and fathers can take up to 4 months unpaid leave. (Leave can be used for any purpose, and specifically includes new parents.)
- Coding:** Code 87 days unpaid/parental leave.
- Policy:** Multi-use sick leave: Ex. Employees receive 65 days per year to be used for sick leave, including pregnancy leave, doctor's appointments, child rearing, etc.
- Coding:** Since this is not provided specifically for parental leave, do not code the maternity section of the 3111. Instead, code the 65 days under sick leave and check paternity and post-disability maternity in Question 5a in the sick leave section.
- Policy:** Sick leave used for maternity leave: Employer allows mothers to use sick leave after the pregnancy disability is over
- Coding:** Code as sick leave only, but check the 'Maternity (post disability)' box of the sick leave plan.
- Policy:** Maternity leave offset by sick leave: For example: the employer grants 4 months parental leave, but the employee must first use all available sick or vacation leave.
- Coding:** Code for the most generous parental leave policy, ignoring any offset provisions.

4.15 PAID SICK LEAVE: DEFINITION AND CODING

Sick leave is a noninsured, noncontributory form of short-term disability leave. The three most common types of sick leave plans are:

- Specified number of days per year (most common),
 - Specified number of days per disability, and
 - Unlimited sick leave.
-

Paid sick leave is a short-term disability plan which continues all or part of an employee's income if he or she cannot work because of illness or injury. Sick leave is never contributory; the employer absorbs the entire cost. There are no maximum or minimum payments. The salary-continuation type of sick leave plan may provide full pay for periods up to six months. Some plans provide a combination of full and partial pay for similar periods. Sick leave plans are not insured.

Per disability sick leave plans grant a specified number of days of leave for each illness or for a specified number of illnesses each year. Many of these plans provide 26 weeks coverage.

Exclude plans limited to occupational illnesses or injuries. Note in the Remarks section this stipulation.

Some sick leave plans may require the employee's supervisor to review and approve the granting of benefits. This requirement does not necessarily make the plan informal. The key is whether the employee has a reasonable assurance of receiving the benefits upon meeting the conditions of the plan.

- If the supervisor's review consists of determining whether the conditions of the plan have been met, the plan is formal.
- If, however, it is clear that the benefits are granted arbitrarily or are dependent upon conditions not specified by the plan, then the plan is informal.

4.15 PAID SICK LEAVE: DEFINITION AND CODING (Continued)

Sixty-nine percent of all workers in-scope of the 1988 survey received paid sick leave, but the percentages varied greatly by employee group (90% for Professional/Administrative, 90% for Technical/Clerical, and 47% for Production/Service).

Combined leave reporting - Where vacation and sick leave days or vacation and personal leave days are combined under one leave category, report all leave as vacation time unless you can separate the components. (These consolidated leave plans or "leave banks" have been adopted by many hospitals.) Leave the other leave pages blank.

Attendance bonuses - Do not report attendance bonuses (where employees are credited with extra days of leave for not using their sick leave) as either vacations or any other form of paid leave. Describe such attendance bonuses in the Remarks section. Do not report under nonproductive bonus.

4.16 PAID SICK LEAVE - CODING PARTICIPATION

In order to provide continuous coverage for lengthy illnesses, companies often coordinate their sick leave plans with sickness and accident insurance. When coding participation in sick leave plans, report the number of workers who are covered by sick leave only. Report the number of workers who are covered by both sick leave and sickness and accident insurance in the Combinations section of the sickness and accident insurance page.

Participation

Indicate the number of workers in each quote participating in the sick leave plan only. Do not include workers who receive combined sick leave/sickness and accident insurance (for a comparison between S&A and sick leave, see Exhibit 4.17-B). Report these workers in the Combinations section of the sickness and accident insurance page.

Coding sick leave/sickness and accident combinations

If no workers participate in this sick leave plan only (for example, they all participate in a combined plan, of which this plan is the sick leave portion):

- Enter zeroes in the participation boxes of sick leave **and sickness and accident insurance;**
- Code the sick leave provisions
- Complete the Combinations section of the sickness and accident insurance page (**In this case, enter "ALL" in hit #1 of the combination since all workers participate in both plans.**)

4.17 PAID SICK LEAVE - COMBINING MULTIPLE PLANS

If workers are covered by two or more sick leave plans of the same type (for example, annual), and you can add the numerical data and answer the provisions questions identically, then combine the plans.

Always combine if possible. Even plans with differing provisions can sometimes be combined. For example, the Clapp County School District offers one sick leave plan giving 5 days per year, with unlimited carryover. The second part of the plan provides eight days of leave, with limited carryover. The next part of the plan offers 30 days a year of leave, at partial pay. Combine all three plans, giving the participants 13 days at full pay and 30 days at partial pay. Code the carry-over provision as "9" (other). Skip the question asking for the maximum number of days that can be carried over. Describe the provisions in remarks.

Plans may be combined if one plan offers unlimited carry over and one plan places a ceiling on carry over. In this case, code the carry over provision a "9" (other) and leave the question asking for a maximum number of days blank. Specify the multiple carry over provisions in the Remarks section.

Combination sick leave plans: Workers offered both an annual and per disability plan

- Code the provisions of each plan separately.
- Enter the number of workers who receive the combination in the Remarks section of the first plan reported. Be sure to specify the number of workers by hit.
- If all workers in a hit receive more than one plan, enter 0 in that participation field.
- If any workers receive only one plan, code that number in the participation field for the plan that they receive.

4.17 PAID SICK LEAVE - COMBINING MULTIPLE PLANS (Continued)

If participation in a sick leave plan is automatic after completing specific eligibility requirements, include employees who are not yet eligible as participants. For example, if all workers are covered by a sick leave plan after three months length of service, count all workers as participants, even though some have not been with the company for three months.

EXHIBIT 4.17-A

HOW TO COMBINE PLANS

Plans that Must Be Combined in Washington - Roofers (E595) at Houff Rotunda Repair Company have two sick leave plans, and no sickness and accident insurance plan. Plan A provides 10 days annual sick leave with no waiting period; Plan B provides 10 weeks sick leave per disability at full pay with a one week waiting period. The plans are different in the waiting period and the type of sick leave, and there is no way to code them as one plan. Mr. Houff reports that 50 workers receive both plans, 23 receive Plan A only, none receive Plan B only. Complete 2 plans for Houff roofers, and note the combination in Remarks.

Plan A: Code as Plan 81. Report the 23 roofers receiving Plan A only. Note in Remarks that 50 workers receive both Plan A and Plan B. Code the provisions of Plan A as usual.

Plan B: Code as Plan 82. Report 0 roofers, as no worker receives Plan B only. Code the provisions of Plan B as usual.

NOTE: Do not enter "ALL" in the participation box of hit #1 for individual plans which are part of combinations, even though all workers participate. Enter "0"s in these plans. You may use the "ALL" notation in the combination plan participation, if appropriate.

EXHIBIT 4.17-BA Comparison between S & A and Sick LeaveSick Leave

- * Can be annual or per disability
- * Benefit expressed as percent of earnings (usually, but not always, with some days at 100%)
- * Never a specified dollar minimum or maximum
- * If there is a waiting period, it is expressed in work days
- * Benefit duration usually expressed in work days (sometimes weeks)
- * Benefit duration may vary by LOS
- * Never insured

S & A

- * Always per disability
- * Benefit expressed as dollars per week or percent of earnings (never 100%)
- * May have a dollars per week minimum or maximum (or, in rare cases, a percent minimum or maximum.)
- * If there is a waiting period, it is expressed in calendar days or weeks.
- * Benefit duration expressed in weeks
- * Benefit duration rarely varies by LOS (but if duration does change, it's usually only once)
- * May be insured but does not have to be

4.18 PAID SICK LEAVE - CODING ELIGIBILITY, TYPE, CASH-IN AND CARRY OVER

Eligibility is the number of months employees must work before they start to earn sick leave. A waiting period is the number of days after an illness begins that an eligible employee must wait before sick leave benefits start.

There are three types of sick leave

- Specified number of days per year
- Per disability plans
- Unlimited sick leave

When employees earn a specified number of days per year, they may be allowed to cash in or carry over unused sick leave.

How many months must an employee work before being eligible for the sick leave plan?

Do not confuse eligibility with waiting period.

An eligibility period is the actual length of time that elapses between the date of employment and the actual start of coverage. In some plans, this will be a specific length of time or work period, for example, one month, two months, six months, etc. In some plans, however, the eligibility period is expressed as a specific length of time plus an administrative period of time. In these plans, once an employee has completed the work requirement, he or she becomes eligible for coverage upon an administratively determined date. After one month of employment, for example, sick leave coverage may begin on the first day of the following month. This employee's shortest eligibility period would be one month; the longest would be two months. Code for the shortest eligibility period. Other frequent starting dates of coverage include the first day of a calendar quarter or the calendar year following the completion of the work requirement. Finally, some plans may express the eligibility period in terms of hours worked. Whenever the eligibility requirement is a specified number of hours, convert it to a monthly figure.

Occasionally, plans will allow workers to accumulate sick leave days for a period of time before allowing workers to use sick leave. In this case, code the waiting period as the time the employee becomes eligible to accumulate sick leave.

4.18 PAID SICK LEAVE - CODING ELIGIBILITY, TYPE, CASH-IN AND CARRY OVER (Continued)

How are informal plans coded?

Informal plans are at the discretion of the supervisor. They are usually limited; generally, the leave is granted if the privilege isn't abused.

Write 'informal' in plan name and check the 'informal plan' box below plan name. Skip to the participation question and answer only the participation boxes for that benefit area. Specify details in Remarks.

How is sick leave granted?

Code the type of sick leave here. The three main types are: specified number of days per year, per disability sick leave, and unlimited sick leave. See Exhibit 4.18 for a discussion of the various types of sick leave and their characteristics.

Do not be confused when you encounter formal sick leave plans containing provisions that do not have specific limits (leave is provided "as needed"). Plans of this type are in-scope of EBS. The plans are formal if they are part of a continuing policy, and the employees covered by them have a reasonable assurance of receiving sick leave when they need it. Do not answer the carry over or cash-in questions or complete the Schedule of Sick Leave and Payments for these plans.

Professionals are the most likely workers to receive formal, unlimited sick leave plans. If the company offers a specific number of sick days to other employees, and no specific number for professionals, it is unlikely that the professionals do not receive sick leave.

For what additional purposes may sick leave be used?

If sick leave can be used for the purposes of funerals, post-disability maternity, paternity, doctors appointments, personal business, or care of sick child; check as many boxes in this question as are appropriate. These uses must be a formal part of the plan.

Do not confuse personal business use of paid sick leave with paid personal leave. Paid personal leave is defined as a multi-purpose leave plan that provides employees with paid time off for miscellaneous purposes not covered by other types of leave. The use of paid sick leave for personal business is only a liberal option under the formal sick leave plan, and should not be considered as a paid personal leave plan.

4.18 PAID SICK LEAVE - CODING ELIGIBILITY, TYPE, CASH-IN,
AND CARRY OVER (Continued)

Is there a waiting period before sick leave benefits begin?

A waiting period is the number of days after the onset of a sickness that an eligible employee must wait before being compensated by the plan. This question requests information on the existence of the waiting period before sick pay begins. Code the length of the waiting period in the Schedule of Sick Leave Payments, column G. (Waiting periods are more common in per disability sick leave plans.)

Carry over or cash-in

These three questions ask about two methods of compensating employees for unused sick leave time: carry over and cash-in. Only plans providing a specified amount of sick leave per year have carry over or cash-in provisions.

Cash-in is the practice of converting unused leave to cash at the end of the plan year.

Carry over is the practice of transferring unused leave from one year to the next year.

A carry-over provision is limited whenever there is a ceiling on the number of days that can be accumulated, even if the ceiling is the same as or greater than the maximum earned in a year.

For example, a company sick leave schedule consists of:

1 year	-	5 days
10 years	-	10 days
20 years	-	15 days (maximum sick leave)

The maximum number of days that can be carried over is 25 days. Code the carry over provision as limited carry-over even though the maximum number of carry over days allowed is more than the maximum that can be earned annually.

Do not consider plans which allow cash-in at retirement or termination only as having a sick leave cash-in provision. Consider those provisions as severance pay. See Section 11.2, Additional Benefits, for additional information.

EXHIBIT 4.18TYPES AND CHARACTERISTICS OF SICK LEAVE

- a. Types of sick leave plans
 - Specified number of sick days per year (about 80% of all participants receive this type, as do federal workers.)
 - Specified number of days per disability (20% of all participants are covered by this type of plan.)
 - Unlimited sick leave plans (3% of all participants receive this type of plan.)
- b. General characteristics of all types of sick leave plans
 - Paid for totally by employer
 - Payments come from current operating expenses
 - Usually full pay
 - Usually no waiting period.
 - Not an insurance policy
- c. Specific characteristics by type of plan:
 - (1) Number of days per year sick leave plan
 - May accrue benefits (federal plan)
 - Increments of sick leave are specified in either days or hours (federal plan)
 - May allow either a fixed number of days per year (federal plan) or the number may vary with length-of-service
 - Commonly have no waiting period.
 - (2) Per disability sick leave plans
 - May allow either a fixed number of days per disability or the number of days may vary with length-of-service
 - Increments are expressed in days per disability period or for a specified number of absences per year, usually at least 4
 - May have a waiting period. If so, the waiting period may be covered by another sick leave plan
 - Must be back to work for a stated period to receive renewed benefits.

EXHIBIT 4.18 (Continued)

- (3) Unlimited (or as needed) sick leave plans
 - Usually require supervisor's approval
 - Professional/administrative workers are the most likely participants (6% of this group's participants receive sick leave as needed)
 - Do not confuse with an informal plan
 - Workers must be reasonably assured of getting the benefit.
- d. Informal plans
 - Benefits not reasonably assured (at supervisor's discretion)
 - May be administered differently to different employees
 - More common among small employers.
- e. Executives may have more generous sick leave plans.

4.19 PAID SICK LEAVE: CODING THE SCHEDULE OF SICK LEAVE PAYMENTS

Code the number of days of sick leave provided at each length-of-service interval up to and including the maximum sick leave allowed (see the first paragraph, below, for an illustration). Code the days provided at 100% pay, the days provided at less than full pay, the percent of pay, and the length of the waiting period.

Report the number of days at full pay and up to two partial pay formulas. For partial pay plans, report the percent of pay and the number of days. Complete only the preprinted length-of-service intervals up to and including the last change in the schedule. For example: The greatest (maximum) sick leave amount is given at 5 years, with a 3 day waiting period. At 10 years, the maximum remains the same, but the waiting period is dropped. Code through the "AT 10 YEARS" line on question 10 and leave the remaining lines blank. Detailed instructions for reporting the plan's schedule of sick leave payments are printed on the questionnaire. Please note the following particulars:

Earnings vs. Accumulation

Code for the projected annual benefit at each length of service (LOS) interval.

Suppose, for example, that a plan provides 1 day per month of full pay sick leave to workers with less than one year's service and 1 1/2 days per month for those with one year of service. You would enter 18 in the "AT 1 YEAR" row, even though it would take a worker an additional year to accumulate 18 days. (Zero filling is not necessary; enter 6 instead of 06, for example, for all Sick Leave boxes.)

Do not confuse annual earnings of sick leave with total accumulation. For example, if a plan grants 2 weeks each year, you would enter 10 days in column B. This is the annual earnings. Do not multiply the annual number of days times years of service unless the plan actually calculates the annual earnings by multiplying the years of service times number of days. Example: A plan provides 3 days times years of service; code the "AT 10 YEARS" box as "30". (These plans are rare.)

4.19 PAID SICK LEAVE: CODING THE SCHEDULE OF SICK LEAVE PAYMENTS (Continued)

Code the maximum sick leave box only if the last change in the schedule was not entered in one of the LOS intervals above. See the Paid Vacations Sections 4.9 and 4.10 for coding examples. If there is no specified maximum, code the "Maximum Sick Leave" line for the sick leave days granted to employees who have 41 years of service. In these plans, the number of sick leave days granted annually cannot exceed the number of work days in a year. Do not report over 260 days of sick leave as the maximum (5 day work week for 52 weeks).

Per Disability Plans

Follow the general instructions for reporting sick leave plans. Enter the number of days granted per illness in column B.

Coding Other Partial Pay Percentages

Some sick leave plans provide more than one partial pay formula.

Example: 30 days at 100% pay then
 30 days at 75% pay then
 30 days at 50% of pay.

To code these plans:

- Complete column B for the full pay
- Complete columns C and D for the first "Partial Pay" percentage
- Complete columns E and F for the "Other Partial Pay" percentage.

Note: If a sick leave plan provides flat dollar amounts or other undeterminable partial payments, attempt to estimate the percent of pay. If the percent can not be determined, enter 0 as the percent, and the corresponding number of days. Note the actual provisions in the Remarks section. This rule also applies to commissioned or incentive workers receiving base pay only (given that the payment is significantly less than full pay).

4.19 PAID SICK LEAVE: CODING THE SCHEDULE OF SICK LEAVE
PAYMENTS (Continued)

Coding the Waiting Period

Answer this column only if you have answered yes in Question 6. Some plans have waiting periods that vary by type of illness (for example, no waiting period for accidents, 3 day wait for sickness). Code for the waiting period that applies to sickness.

Some sick leave plans have a retroactivity provision, that is, there is an initial waiting period before benefits begin, but if the disability persists beyond a specified length of time, payments are made back to the first day of the disability. For example, a plan may require a 3-day waiting period before sick leave payments begin; however, if the disability lasts more than 10 days, pay is granted back to the first day of illness. Code question 11 as if the retroactive provision did not exist. Enter the waiting period (3 days) in column G and describe the retroactive provision in Remarks.

EXHIBIT 4.19

CODING OTHER PARTIAL PAY PERCENTAGES

Cramma-Zoozle-Bull and Twinkie, an advertising agency, grants professional staffers 30 days of sick leave annually at full pay, 30 days at 75% of pay, and then 30 days at 50% of pay. There is no waiting period and workers are eligible immediately. Code the schedule of sick leave and payments as follows:

- 18 -

SICK LEAVE -- Continued

Plan 81

11. Schedule of Sick Leave and Payments: (Complete service data only through the last year the date changes.)

Record	SA	BLS Plan No.
020	11	81
(1-3)	(16-17)	(18-19)

Column B - Enter the number of whole days of sick leave granted at full pay. Round to the nearest day. I.e., enter 11 1/2 days as 12.

Column C - Enter as in Column B for days granted at partial pay (less than full pay).

Column D - Enter the percentage of pay received for partial pay days reported in Column C. Round to the nearest whole percent; I.e., enter 2/3 pay as 67%.

Columns E & F - Complete in the same manner as Columns C and D, respectively.

Column G - Enter the length of the waiting period that applies to sickness (in work days) before sick leave begins. Round to the nearest day. Complete this column only if you have coded question 6 with a "1".

Column A Length of Service	Column B Days Paid at 100%	Column C No. of days	Column D Partial Pay Percent of pay	Column E Other Partial Pay No. of days	Column F Other Partial Pay Percent of Pay	Column G Length of Waiting period
AT 1 YEAR	30 days (21-23)	30 days (24-26)	75 % (27-28)	30 days (29-31)	50 % (32-33)	days (34-35)
AT 3 YEARS	days (36-38)	days (39-41)	% (42-43)	days (44-46)	% (47-48)	days (49-50)
AT 5 YEARS	days (51-53)	days (54-56)	% (57-58)	days (59-61)	% (62-63)	days (64-65)
AT 10 YEARS	days (66-68)	days (69-71)	% (72-73)	days (74-76)	% (77-78)	days (79-80)
AT 15 YEARS	days (81-83)	days (84-86)	% (87-88)	days (89-91)	% (92-93)	days (94-95)
AT 20 YEARS	days (96-98)	days (99-101)	% (102-103)	days (104-106)	% (107-108)	days (109-110)
AT 25 YEARS	days (111-113)	days (114-116)	% (117-118)	days (119-121)	% (122-123)	days (124-125)
AT 30 YEARS	days (126-128)	days (129-131)	% (132-133)	days (134-136)	% (137-138)	days (139-140)
MAXIMUM SICK LEAVE	days (141-143)	days (144-146)	% (147-148)	days (149-151)	% (152-153)	days (154-155)

ac = 7
nov = 8
(156)

Remarks:

4.20 PAID SICK LEAVE: SPECIAL SICK LEAVE CODING

Many sick leave plans have variations that do not easily fit on the form. This section contains instructions on handling these special coding situations:

- Sick leave in relation to other benefits
 - Multiple year earnings plans
 - California Sick Leave plans
 - Sales, incentive, and commissioned workers
-

Relation to Other Benefits

Code for the provisions of the sick leave plan, regardless of the provisions of any other leave or insurance plans. For example, if a sick leave plan provides up to 260 days of full pay sick leave each year, enter "260" in column B of the schedule of sick leave and payments. Do not attempt to subtract from sick leave the number of days off provided by holiday, vacation, or other leave plans.

Also, when reporting the percent of pay, disregard any amount that may be deducted from sick leave because of sickness and accident insurance payments. (This provision is coded on part three of the sickness and accident insurance page.)

For example: A sick leave plan provides 100% of pay for 10 work days. After a 7 calendar day wait, Sickness and Accident insurance begins. The S&A benefits provide \$75 per week. This amount is deducted from sick leave for the five work day overlap. Do not try to compute the resulting percentage of pay for sick leave. In the schedule, report the sick leave plan as providing 100% of regular pay for 10 days.

Sales, incentive, and commissioned workers

These workers typically receive only base pay during leave; this may be significantly less than usual earnings. Code these plans as having partial pay. Attempt to estimate the percent of usual earnings and report it in column D. If a percentage cannot be determined, enter 0 in column D and the number of days in column C. Note the actual provisions in the Remarks section. (Supersedes SO-70 #28, response to question #3 for 1990 EBS).

4.20 PAID SICK LEAVE: SPECIAL SICK LEAVE CODING (Continued)

Multiple Year Earnings Periods

A few sick leave plans provide for sick leave earnings periods in excess of a year. For example, a plan provides 20 days of sick leave every two years. Report these plans as follows:

1. Divide the number of days by the number of years in the earnings period; in the above example, you would divide 20 days/2 years = 10 days granted annually.
2. Enter the result in the Schedule of Sick Leave and Payments.
3. Enter in Remarks a note describing the multiple-year earnings period.
4. If there are carry-over provisions, report the provisions as "9" (Other). Specify the multiple-year carry-over provisions in Remarks (for example, plan allows 60 days carry-over every 2 years). Skip the question asking for the maximum number of carry over days.

Coding California Sick Leave Plans

Some California establishments have sick leave plans that overlap the benefits granted under the California State Temporary Disability Insurance plan (TDI). Note any coordination of sick leave and TDI in Remarks.

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5.0 COMMON DATA FOR INSURANCE AND DEFINED BENEFIT AND DEFINED CONTRIBUTION PLANS

Collect certain plan data for all in-scope plans. Listed below are data elements common to all of the benefit areas:

- Name of plan
- Number of participants
- Group Size codes
- Plan identification numbers (EIN/PN's)
- Employee's contribution, and
- Plan document and plan changes

They are discussed below and in the next few sections. Plan data pertaining to specific benefit areas are discussed in their respective chapters.

<u>Section</u>	<u>Title</u>	<u>Page</u>
5.1	BLS plan number and name of plan	135
5.2	Participation and Group Size codes	136
5.3	Plan identification: EIN/PN's	139
5.4	Creating EIN/PN's for State and Local Governments	140
5.5	Employee's contribution	142
5.6	Plan documents and plan changes	144

EXHIBIT 5.0

A comparison between private and public employees for
several insurance, defined benefit, and defined
contribution benefits

Percent of full-time employees by participation in employee
benefit program, medium and large firms, 1989, and State and
local governments, 1987.

	State & local governments 1987	Medium & large firms 1989
Sickness & accident insurance	14	43
Long-term disability insurance	31	45
Medical care	93	92
Dental care	59	66
Life insurance	85	94
Defined benefit pension	93	63
Defined contribution	9	48

5.1 BLS PLAN NUMBER AND NAME OF PLAN

The BLS Plan Number and Name of Plan are both data elements on the 3111 form. The BLS plan number is preprinted on the 3111 form and the Name of Plan column has a space to write the plan name in. The plan must be in-scope to code it. If the employee pays 100% of the cost, the plan is out-of-scope for active employees; do not report it in Question 2 for any of the benefit plans.

The following are some of the data elements that are common to all insurance and retirement income areas:

- BLS Plan No. - (Column A) This number is preprinted for all benefit areas on the form. If an insert sheet is necessary, record the BLS Plan No. sequentially, starting with the number that follows the last one in the main collection form. For example, if there are eleven health insurance plans in an establishment, record the first ten on the main form. Report the eleventh plan on a health insurance insert sheet, and code it BLS Plan #11.
- Name of plan - (Column B) Print a brief descriptive title of the plan. Report the type of plan and who participates in the plan. Print neatly because the title will be keyed. Skip a space between words. Abbreviate as necessary to fit the title into the spaces allowed (24 spaces). For example, Hourly Life.

List all in-scope plans for life, health, sickness and accident, LTD insurance, defined benefit, and defined contribution plans.

A plan is in-scope if the employer contributes money to the cost of the plan, it is one of the benefit areas on the 3111 form, and if one or more employees in a quote are covered by the plan. **Do not report plans with 0 participation in all quotes.**

If an executive is selected and has a separate, executive insurance plan, report the separate plan on the 3111 under question 2. If this selected executive has a supplemental plan, in addition to a regular, common insurance plan, report this in Remarks, get a plan document, and note the number of participants.

5.2 PARTICIPATION AND GROUP SIZE CODES

Participation reporting procedures are the same for all insurance and retirement plans. After listing all plans on the form, report the number of workers receiving the exact plan listed in "Name of Plan." Also, a group size code is necessary for each quote.

Number of Workers Participating in the plan - (Column C) Record only the number of current workers participating in a plan for a selected occupation. Listed below are the three methods of data collection, **in order of preference**, by the field economist:

- a. If participation data are gathered for the workers in the company job, then those numbers should be directly entered onto the EBS form. For example, there are 5 people in the company job as defined by ECI/EBS: 3 get Blue Cross/Blue Shield (BC/BS) and 2 get Kaiser HMO. Report participation figures of 3 for BC/BS and 2 for Kaiser on the form.
- b. If participation data are gathered for only the primary quote, then report the number of workers in the company job for whatever plan the primary quote gets. (Report zero ("0") if the primary quote doesn't get a plan.) For example, if the primary quote elected the Kaiser plan, the field economist would report 5 people participating in the Kaiser plan.
- c. If participation data are gathered for a group larger than the company job, then report a participation figure prorated down to the number of workers in the company job. For example, suppose that the only figures are that 60% of white-collar employees get Kaiser and 40% get BC/BS. The field economist would report participation figures of 3 for Kaiser and 2 for BC/BS on the form.

Also, under method c, there are fewer incumbents than plans offered, particularly when there is only a single incumbent, use PPS sampling to assign incumbents to a plan using the overall percentages (or employments) of the larger group as the measure of size. Include "no plan" with it's corresponding percentage in the list of all plans available. The number of hits required is equal to the number of incumbents in the occupation.

5.2 PARTICIPATION AND GROUP SIZE CODES (Continued)

EXAMPLE: Only company-wide percentages (or employments) are available for workers who participate in health plans. There are 5 plans and 2 incumbents in the selected occupation (200 RJM employees in the establishment).

Plan	Participants	Cumulat.#	Hits	Employment=200
1	#80--40%	80	#1	
2	40--20	120	#2	
3	20--10	140	None	
4	20--10	160	None	
5	20--10	180	None	
No plan	20--10	200	None	

Hits = 2; SI = 100; Random dec = .1357;
Hit #1 = 13.57 = 14;
Hit #2 = 113.57 = 114

Only plans 1 and 2 would be reported on the 3111 with one occupational employee each ("B" in Group Size). Repeat this procedure for each Quote. Use the random decimals from the table or from the extra RJM sampling paths provided by ECI (on the Worksheet).

When participation estimates are only available for a larger group and the list of plans provided to that group includes plans that are not available to sample establishment employees (for example, corporatewide, Statewide, nationwide) use all plans when PPS sampling as shown above. (Ideally, the preferred estimate would be limited to occupational, or at least establishment, employees and only those plans offered to them.) If a plan not offered is selected, collect it as if it was offered.

Include all sampling documentation in the 3111, whether it's a worksheet or documentation in the remarks area. Collect plan descriptions only for those plans selected PPS. Code the number of workers in each quote participating in the plan. **Document your work in the Remarks section when using option B or C.**

Do not combine plans in different benefit areas. Each benefit area plan is coded separately. (See defined benefit/defined contribution section for an exception to this rule.) **If all workers in all selected occupations participate, enter "ALL" in hit #1.** (See rules in common data Section 4.1).

5.2 PARTICIPATION AND GROUP SIZE CODES (Continued)

Group Size Codes

For each participation figure, enter a group size code to indicate how the data were collected.

<u>GROUP SIZE CODES</u>	<u>DEFINITION</u>
Blank -	Actual participation for the selected quote
A -	Actual data from the primary hit (1 worker)
B -	Data collected for larger group and prorated
X -	Data not available

The codes are the same as those used in the paid leave benefits.

5.3 PLAN IDENTIFICATION: EIN/PN's

The basis for identifying a plan is the nine-digit Employer Identification Number (EIN) assigned by the IRS. If a plan does not have one, you must create it. Some HMO's do not have their own EIN. For HMO's, use the EIN that applies to other health plans in the company, or else invent one. Creating EIN's for State plans differ from standard procedures.

Plan Identification - (Column D) Enter the nine-digit plan sponsor Employer Identification Number (EIN) and the three-digit Plan Number (PN) for each plan. These EIN/PN's are typically found in the "ERISA" section in front or back of the plan document. For a discussion of plan sponsors and plan administrators, see Section 2.4 of this Manual.

Creating a pseudo EIN/PN's for a plan

If a plan is not filed with ERISA, or if the ERISA information is not available:

- For the EIN, use an A followed by the schedule number, the split code, then two zeros. For example, for schedule number 72000, with a split code of one ("1"), the "invented" EIN would be A72000100.
- For the PN, assign a code beginning with 901 and continuing consecutively within **each benefit area in an establishment**. Thus, if an establishment has three S&A plans, you would give them plan numbers of 901, 902, and 903.

Creating pseudo EIN/PN's for HMO's

For all HMO's, use the EIN that applies to the other health plans. As a last resort, create one using the procedures above. Always use Plan Numbers (PN's) beginning with 901.

5.4 CREATING EIN/PN'S FOR STATE AND LOCAL GOVERNMENTS (Continued)

Creating State and local government retirement and life insurance plan EIN/PN's

Many State retirement **and life insurance** plans cover local as well as State workers. For example, local school districts may join the State retirement plan, or, for ease of administration, local governmental units may band together to create a Statewide plan. Because of this, disregard the EIN's used for tax reporting in all cases. Instead, use the following procedures to create new EIN/PN's:

- Plans maintained by the State or covering the State and numerous local governments within the State
 - a. EIN (for life and retirement) - Assign the 2-digit State code plus 7 zeros.
 - b. PN for retirement - Assign as follows:
 - 801 - Statewide teacher retirement plans
 - 802 - State retirement plans (other than teachers)
 - 803-809 - Use, as needed, if there is more than one Statewide retirement plan
 - c. PN for life insurance
 - 901 - Statewide teacher life plans
 - 902 - Statewide life plans (other than teachers)
 - 903-909 Use as needed if there is more than one Statewide life plan
- Plans **unique to and** maintained by local governments
 - a. EIN - Assign an "A" + the schedule number + a split code + "00".
 - b. PN - Begin with "901".

If a local government's plan applies to more than one unit, use the same EIN/PN for each unit.

Employees in local government units are often covered by State plans. If State and local government collection units report exactly the same plan, use the EIN/PN code assigned for the State on the local government's 3111 Form. However, if the State plan covering the local government differs by either the rate of employee contribution or plan provisions, assign the EIN/PN's as described above.

5.4 CREATING EIN/PN'S FOR STATE AND LOCAL GOVERNMENTS (Continued)

For **other** State-sponsored insurance plans and for all local government-sponsored plans, use the normal EIN/PN creation procedures. **However, Washington may change these EIN/PN numbers to facilitate reporting of identical State or local plans. It is important to use the same EIN/PN combinations from the previous survey, particularly if new booklets are not collected. Always reference the old schedule, if applicable, and include it in the transmittal to Washington.**

5.5 EMPLOYEE'S CONTRIBUTION

Record the employee's contribution to a particular benefit plan. Some employee contributions cannot be determined due to the inability to breakdown individual benefit costs.

Employee's Contribution for Coverage - (Column G) For all benefits except defined contribution plans, record the employee's cost for the plan. If the actual employee cost is not available, determine if the premium is jointly financed. (If the employee pays for 100% of the cost, the plan is out-of-scope for active employees; do not report it in Question 2.)

Report the employee's cost in the first part of Column G. Reporting requirements vary by benefit. Report what you get and note how it is expressed.

If the field economist leaves the employee cost box blank, he must explain why. Use the second part of column G to document this.

Contribution for Government plans

Government plans often require contributions for defined benefit plans. Plan documents must include the contribution rates, or the rate must be entered in the Remarks section. Record a separate plan for each level of contribution. If the contribution rate is not available, or the plan coding is unusually difficult or complex, provide as much detail as possible in Remarks.

5.5 EMPLOYEE'S CONTRIBUTION (Continued)

The codes for the second part of Column G are defined as follows:

Code	Definition	When to use it
1	Employer paid	There is no employee contribution because the employer pays the full cost of the plan.
2	Jointly paid; employee contribution nav	There is an employee contribution, but the amount is not available.
3	Employee contribution is a composite rate	Employee contribution is a composite rate covering more than one benefit. Contributions for individual benefit plans cannot be determined.
4	Employee contributions through flexible benefit arrangement	Employee contributions vary in a flexible benefits plan or flexible spending account. Contributions are paid through a flexible benefit arrangement to which both the employee and the employer contribute.
7	NC (not codable)	There is an employee contribution, but it cannot be coded on the 3111 form. Describe the circumstances in Remarks.
8	NAV	No information is available. The field economist cannot determine whether there is an employee contribution.

Teachers under 9- or 10-month contracts may make their year round coverage contributions in less than 12 months. If this is the case, recompute employee contributions for teachers' insurance coverage as follows:

- Compute annual contributions and divide by 12 to obtain the average monthly contribution; report this figure in Column G or H, as appropriate
- Report two separate plans if the average monthly contribution of 9- or 10-month employees differs from that of other employees

5.6 PLAN DOCUMENTS AND PLAN CHANGES

Each insurance and retirement benefit asks about the availability of plan documents and when the plan is due to change. It is important to collect plan documents for the plans. **Schedules can share plan documents, if necessary.**

Is a plan document provided? - (Column F, H, or J, depending on benefit area) Enter the appropriate code ("1", "2" or "3") to indicate whether or not a plan document has been provided for the plan. If a plan document is not available, enter code "2" and describe the reasons for its absence, and a source of where they may be obtained in Remarks (for example, corporation office, carrier, etc.). Include the address or telephone number and contact official if available. Collect plan documents even if a separate visit is required. If a plan document is available outside the region, let the survey manager know immediately. If the plan document provided last survey is still OK, but a supplement was provided, enter code "1" (yes). If the plan document was provided last survey and all the plan provisions remain the same, you do not have to obtain another plan document, so enter "3" - (No, old plan document OK). However, before doing so, check the response code in column E (shade area). If a "2" was entered by Washington, it indicates that plan descriptions were not received or were found to be insufficient for analysis (unusable). A new, or more detailed, plan description must be collected for all plans where the response code is "2". Also, collect a new plan description when the previous description is more than 3 years old. Do not use code 3 when the plan description is included in another schedule for a current sample unit; use code 1 and indicate the schedule number in the Remarks section and in the "list of brochures" on the 3111. Be sure to enter the schedule number conspicuously.

5.6 PLAN DOCUMENTS AND PLAN CHANGES (Continued)

Below is a table of when to use the appropriate code.

Code	Definition	When to use it
1	Yes	A new sample member provides a plan document. An old sample member did not supply a plan document last survey, but supplied one this survey. An old sample member did provide a plan document in the last survey and provided any supplements this survey for changes to the plan. The plan document is included in a different schedule. Document the schedule number that contains the plan description.
2	No, NAV	A new sample member does not provide a plan document. An old sample member did not provide a plan document last survey and did not provide one this survey. An old sample member who did provide a plan document last survey, had plan changes and did not provide a new plan document or a supplement.
3	No, old brochure OK	Old sample member provided a plan document in the last survey and there are no changes to the plan. Please verify. Document should not be more than 3 years old.

List all plan documents provided by this survey on the last page of the 3111 form.

Next expected plan change - (Column J or K) Indicate when the next change (any modification, deletion, or addition made to the plan's provisions or financing) is expected to the plan. Enter the month and year to two digits. Thus, if the next change is expected in November 1992, enter 11 92. If no change is expected, enter a "2" in the code column. Use these data in future surveys to update plan information.

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6.0 SICKNESS AND ACCIDENT INSURANCE AND LONG-TERM DISABILITY INSURANCE

This chapter deals with coding both the sickness and accident insurance section and the long-term disability insurance section on form 3111. For all S&A insurance plans, answer question 2 in the S&A insurance section of the 3111 form. Link sick leave with S&A plans in question 3. Use the instructions in Section 6.2. If you cannot get a plan description containing S&A insurance provisions, code them on the pages following question 3. Follow the instructions in Section 6.3. There are special instructions for coding railroad S&A plans in Section 6.4. Section 6.5 explains how to code for long-term disability insurance plans.

<u>Section</u>	<u>Title</u>	<u>Page</u>
6.1	Sickness and Accident: Definition and Coding	148
6.2	Coding combined Sick Leave/S&A plans	150
6.3	Provisions for S&A plans	153
6.4	Coding railroad S&A plans	155
6.5	Long-term disability insurance	156

6.1 SICKNESS AND ACCIDENT: DEFINITION AND CODING

Sickness and accident insurance provides payments at less than full pay to workers who lose time from work due to an accident or sickness. Many plans are coordinated with the establishment's sick leave plan. Report workers who have only the sickness and accident plan in question 2. Report workers who receive both sick leave and sickness and accident insurance in question 3. Record plan provisions only if a benefit plan description is not available.

SICKNESS AND ACCIDENT INSURANCE PLANS (S&A): Provides regular payments to workers who have lost time from work due to a sickness or accident. S&A insurance plans always provide payments at less than full pay - either a flat sum or percentage of regular pay. Also, S&A insurance plans are usually characterized by waiting periods before payments begin. Payments are normally made for several weeks (with a specified maximum number of weeks, seldom over 52) for each disability. S&A plans are usually insured and are often designed to begin after a worker's sick leave has run out.

Exclude disability retirement plans. These plans are common for police and firefighters, and are included in the retirement plan coding in Washington.

Exclude plans limited to occupational illnesses or injuries.

In Question 2, enter all S&A plans for the selected occupations.

Name of Plan (Column B) and Number of Workers Participating in Sickness and Accident plans only (Column C) - List the in-scope plans and record the number of workers who participate in S&A plans. (For railroad employees, see Section 6.4.) If the employer pays any costs for a required plan, report it. Four separate plans can be reported on the 3111; report any additional plans on an S&A insert sheet. Copy the establishment identifiers and assign the next sequential BLS Plan No. on the insert sheet.

Plan Identification (Column D) - Manual instructions apply (see Section 5.3) except for two State-required plans.

Employee contribution (Column G) - Complete as follows:

- Report a dollar amount per month (or, however the employer expresses it); if necessary, convert other rates to monthly (see EXHIBIT 2.5).

Use the codes on the form, referring to Section 5.5 for further explanations.

6.1 SICKNESS AND ACCIDENT: DEFINITION AND CODING (Continued)

If there is no cost figure reported in Column H, code the reason why in the second part of the column. **Note that plans that are 100% employee paid are out of scope.**

Is this a State Plan? (Column H) - Indicate if the plan is a state disability plan by using the codes listed on the form. For NY/NJ, local and state government employees may or may not be covered by state disability plans.

Is a brochure provided? (Column J) - If a plan description is unavailable, enter code "2" "NO, NAV," and explain why in Remarks. Then, complete the S&A provisions questions. These questions need not be completed if a plan description has been provided or if the old plan description is still current. (See Section 6.3 for a description of each question.)

For NY/NJ State plans, enter code "3".

Next expected plan change (Column K) - Indicate when the next plan change is expected. For NY/NJ plans, enter code "2" - none.

For State mandated plans, enter the following EIN/PN's to identify the in-scope State-required plans for New York and New Jersey:

<u>State</u>	<u>EIN</u>	<u>PN</u>
NY	A01612200	901
NJ	A83208600	901

Use these numbers only when reporting the State-required plans. If a NY/NJ employer provides its own private plan, enter the appropriate plan sponsor EIN/PN provided by the respondent.

Since these plans are on file in Washington, do not request plan documents or fill out S&A provisions for a NY/NJ plan.

Both New Jersey and New York offer State-administered TDI plans, but employers may substitute other plans that meet the requirements. If the non-State-administered plan is identical to the State plan, report it as the State plan. Otherwise, get a plan description or report provisions data.

State-required S&A plans are also found in California and Rhode Island; however, they are out-of-scope for this survey.

For Hawaii, there is a law mandating employer coverage of employees, but no State plan. No special coding, but all Hawaii units should have either sick leave or sickness and accident insurance.

6.2 CODING COMBINED SICK LEAVE/S&A PLANS

Report information on combination sick leave and S&A plans in question 3.

There are several ways that employers can combine or coordinate sick leave with sickness and accident insurance. Link the two benefit areas by:

- Identifying how the plans are linked (Column B)
 - Entering the number of workers in each selected occupation participating in both plans (Column C)
 - Identifying both the sick leave and the sickness and accident components of the integration (Column D)
-

Complete question 3 whenever one or more in-scope workers participate in both sick leave and a sickness and accident insurance plan. Code question 3 last, after you have obtained provision information on the component sick leave and sickness and accident insurance plans. Consider sick leave and S&A plans as linked even though the benefits are not coordinated. (There may be a gap between when sick leave stops and S&A starts.)

Although it is unlikely that you will have more than one or two combinations, space is provided for four.

Do not combine sick leave with S&A plans that are 100% employee-financed. Report the sick leave plan in the sick leave section; the S&A plan is out-of-scope since it is 100% employee-financed.

Worker Groups covered by combinations - (Column B) Describe briefly the workers who participate in the sick leave/sickness and accident insurance combination.

Also in column B, identify how the sick leave and S&A plans are combined. (A sick leave/S&A combination can result in a brief period of no sickness coverage. This is still a combination plan.) Enter one of the codes printed on the lower right corner of the S&A page:

- 01 - Sickness and accident benefits begin after sick leave runs out.
- 02 - S&A benefits begin after the waiting period. Sick leave benefits are cut off. **Always use this code when the sick leave component is informal.**
- 03 - S&A benefits begin after the waiting period. Sick leave pay is reduced by the S&A benefits.
- 08 - Data not available (NAV)
- 09 - Other (describe in Remarks)

6.2 CODING COMBINED SICK LEAVE/S&A PLANS (Continued)

When combining an informal sick leave plan with sickness and accident insurance, the code "02" will be used. If this code does not seem appropriate, consider whether the sick leave is really informal. (See Exhibit 2.1)

Number of Workers Participating in combined S&A/Sick Leave plans
- (Column C) Report the number of workers, in each selected occupation, who participate in both plans.

Participants must be counted only once. Include workers receiving both sick leave and S&A in the combination boxes only, and enter zeros in the sick leave and S&A boxes. For each hit, the sum of the participants in sick leave, S&A, and the combination box can never be greater than the total number of workers.

Sick Leave/S&A Plan No. - (Column D) Identify the combined sick leave and S&A plans by recording the BLS plan number for each plan. All BLS Plan Numbers for sick leave begin with either "8" or "9" (81, 82, 93). The first two digits of the S&A plan number range from "01" to "49".

EXHIBIT 6.2

HOW TO CODE COMBINED SICK LEAVE/S&A PLANS:

The custodial staff at Klein Mutual Funds receive both sick leave and sickness and accident insurance. S&A benefits begin after a 5-day waiting period, at which time sick leave pay ceases. The sick leave plan is reported in the sick leave section as plan 82, and the S&A plan is reported in the S&A section, question 2, as plan 02. Code the combination in question 3 as follows:

If all employees participate, enter ALL in participants for HR #1.
No additional entries are needed.

Record	SA
010	20
(1-3)	(16-17)

3. Enter all Sick Leave/Sickness and Accident Insurance Combinations:

Col A. BLS Plan No.	Column B Worker Groups covered by combinations	When do Sickness and Accident benefits begin?	Column C Number of Workers Participating in Combined Sick Leave/Sickness & Accident plans							
			HR #1	SA #	HR #2	SA #	HR #3	SA #	HR #4	SA #
(18-19)	(21-44)	(45-48)	(47-53)	(54)	(55-61)	(62)	(63-69)	(70)	(71-77)	(78)
51	Custodians	02	0		0		4		0	
52										
53										
54										

** Columns (45-48) (Code for nonoccupational sicknesses):

- 01 - S&A benefits begin after sick leave runs out
02 - S&A benefits begin after the waiting period. Sick leave benefits are cut off.

- 03 - S&A benefits begin after the waiting period.
Sick leave pay is reduced by the S&A benefit.
06 - nov
09 - Other (describe in Remarks).

Column C (continued)								Column D		Column E	
Number of Workers Participating in Combined Sick Leave/Sickness & Accident plans								Sick Leave/Sickness & Accident Plan No. Enter: S.L. BLS Plan No. (from the S.L. section, question 1, col. 18-19)		S&A BLS Plan No. (from S&A, ques- tion 2, col. 16-19)	
HR #5	SA #	HR #6	SA #	HR #7	SA #	HR #8	SA #			PS	Response
(79-85)	(86)	(87-93)	(94)	(95-101)	(102)	(103-109)	(110)	(111-112)	(113-114)	(123-124)	(125)
								82	02		

6.3 PROVISIONS FOR S&A PLANS

When a benefit plan description is not available, code the provisions for sickness and accident insurance plans in the section provided. Indicate the relationship with sick leave, if applicable. Space is provided for two plans on the 3111 form; use insert sheets if there are more. **Either the boxes or the remarks sections may be used to answer questions, provided all questions are answered.**

Do not complete the provisions section if:

- you have obtained a new plan description
- the provisions were coded last year and there are no changes
- a current plan description is on file in the region

If there are only minor changes in the provisions section from the last survey, indicate them in the Remarks section and they can be updated in Washington. Otherwise, complete all questions.

Eligibility for the Plan - Question 1

Eligibility is the amount of time, in months, from date of hire that an employee must work before being qualified to participate in a plan.

How many calendar days is the waiting period? - Question 2

The waiting period is the amount of time after a sickness occurs before benefit payments begin. For example, the plan may have a seven-day waiting period.

Code the waiting period as a certain number of calendar days. If waiting periods vary, code for sickness and describe other provisions in Remarks. (The waiting period, together with the sick leave and S&A combination sections, should provide Washington with all the information needed.) However, if the relationship between the plans does not appear to be adequately described by this coding scheme, explain in Remarks how the plans are coordinated.

Duration of Benefits - Question 3

This question asks for the maximum number of weeks that benefits last.

6.3 PROVISIONS FOR S&A PLANS (Continued)

Benefit Formulas - Question 4

Questions 4a., 4b., and 4c. ask for the amount of weekly benefit payments. If payments are expressed in some other form (hourly, monthly, yearly, etc.), convert them to a weekly basis. **Remember, plans providing 100% of pay must be coded as sick leave.**

Minimum and Maximum Benefits - Question 5

Sickness and accident insurance plans may have a minimum or maximum provision expressed in terms other than those of the benefit formula. For example, a percentage of weekly earnings formula may have a dollar minimum or maximum. **Assume that plans that have a flat dollars per week formula do not have a minimum or maximum.**

6.4 CODING RAILROAD S&A PLANS

All railroad employees are covered by the Railroad Unemployment Insurance Act (RUIA), which is a mandated S&A plan. However, several union-sponsored supplements are available. The EIN/PN's are listed below.

Railroad employees are covered by RUIA, a mandated S&A plan. Some employees may be covered by one of several union-sponsored supplemental S&A plans, in addition to the mandated S&A plan. You do not have to collect plan documents or provisions for these plans.

Report the mandatory and optional railroad plans as follows: In question 2, Name of Plan (Column B) - Print the name of one of the plans listed below:

<u>Name of Plan</u>	<u>EIN</u>	<u>PN</u>
RR Maint of Way	521162945	502
RR Signal Empl	521162946	501
RR Shop Craft	521036399	502
RR Yardmasters	531036399	507
RR S&A (RUIA)	521056095	550

The last plan listed above is a mandated plan; the other four are union-sponsored optional plans. Record the mandatory plan last in Column B.

Number of Workers Participating in S&A plans only (Column C) - Record the number of workers in union-sponsored S&A plans first and then record all the other workers in the mandated S&A plan (RUIA). For example, if there are 15 workers in a selected job, 5 participating in a union-sponsored S&A plan, list this plan first. List all other workers, those not listed under any particular union-sponsored plan, under the mandated plan, which covers all railroad employees.

Do not record any combinations, question 3, for railroad employees; this will be done by the Washington staff.

6.5 LONG-TERM DISABILITY INSURANCE

Long-term disability (LTD) insurance plans provide monthly payments to disabled employees until a certain age or retirement.

A long-term disability (LTD) insurance plan provides payments to disabled employees upon expiration of their paid sick leave and/or sickness and accident insurance, or after a predetermined period of disability. Payments are made until the end of the disability, a maximum age, or until the employee is eligible for retirement benefits. See Exhibit 6.5 for a comparison between short- and long-term disability insurance.

Question 2 - Enter all long-term disability insurance plans for each selected occupation.

Name of Plan (Column B) - Print the name of the plan in this column (see Section 5.1). Disability retirement provisions are not separate LTD plans but are part of the pension plan. Do not code as an LTD plan.

Number of workers participating in the long-term disability plan (Column C) - Record the number of workers participating in an LTD plan for the selected occupations (see Section 5.2).

Plan Identification (Column D) - Enter the EIN/PN of each in-scope LTD plan for each selected occupation (see Sections 5.3 and 5.4).

Employee's Contribution (Column G) - See Section 5.5 or Column H on the 3111 form for coding instructions.

Is a brochure provided? (Column H) - See Section 5.6.

Next expected plan change (Column J) - See Section 5.6.

EXHIBIT 6.5Comparing Plan Characteristics of Short- and
Long-Term Disability BenefitsShort-term disability (S&A, Sick
leave)

Full or partial pay for temporary
disabilities

Short duration - **typically not more
than 52 weeks** duration

Benefit paid on a daily or weekly
basis - not reduced by other
income

Short or no waiting period

Long-term disability

Partial pay for
permanent disabilities

Longer duration - for
duration of disability
or until age 65

Benefits paid on a
monthly basis -
may be reduced by
Social Security,
workers' comp

Often 6 month waiting
period, or exhaustion
of STD benefits

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7.0 FLEXIBLE BENEFIT PLANS AND REIMBURSEMENT ACCOUNTS

Flexible benefit plans and reimbursement accounts are growing in popularity. Code the availability of these benefits. Section 3 has definitions for the chapter.

<u>Section</u>	<u>Title</u>	<u>Page</u>
7.1	An Introduction	160
7.2	Coding for Flexible Benefit Plans & Reimbursement Accounts	161
7.3	Definitions	162

7.1 AN INTRODUCTION

In 1989, 24% (8 million) of all in-scope EBS employees were offered either flexible benefit plans, reimbursement accounts, or both. As these benefits have increased in popularity, some employers have expanded their scope to include (as described below) additional benefits.

Flexible benefit plans provide employees with options to choose among a number of plans in several different benefits. Employees are often given credits with which to "purchase" a desired group of benefits. Employee funds may be used if the employer-provided credits do not purchase all desired benefits.

Reimbursement accounts can be part of a flexible benefit plan or stand alone. Reimbursement accounts are usually financed by the employee (via salary reduction arrangements), although some accounts may have employer funds as well.

The funds are used throughout the year to pay for plan premiums or to reimburse the employee for covered expenses as they occur, such as health care deductibles, coinsurance expenses, or dependent care expenses. **[Funds allocated but not spent during the year are forfeited.]**

7.2 CODING FOR FLEXIBLE BENEFIT PLANS & REIMBURSEMENT ACCOUNTS

Report all flexible benefit plans and reimbursement accounts, even if the plan is fully paid for by the employee. Also, code what type of plan is offered to the employees. Code for whether or not plan documents have been provided or the previous plan documents are OK.

Report all flexible benefit plans and reimbursement accounts in this section, even if they are fully paid for by the employee.

Name of Plan - Question 2

Write the name of the plan in the space provided.

What type of plan is offered? - Question 3

If there is a reimbursement account which is offered in addition to the flexible benefits plan, enter code "1". If there is only a flexible benefits plan, enter code "2". If there is only a reimbursement account (no flexible benefit plan exists), enter code "3".

Number of Workers Eligible for the plan - Question 4

Enter the number of workers in the selected occupations eligible for the plan.

Have plan documents been provided? - Question 5

Code a "1" if "Yes", a "2", if "No", and a "3", if the "Previous plan documents [are] OK". If plan documents are not included, describe provisions in the Remarks section. Include a description of provisions in the flexible benefits plans that are 100% employee paid. For flexible benefit plans, describe which benefits are offered and if employees contribute on a pretax basis. For reimbursements accounts, indicate the types of allowable expenses, and whether the employer contributes to the account. Allowable expenses include various health costs such as insurance copayments, deductibles, miscellaneous expenses, and occasionally, health premiums. Child care cost is a common allowable expenses.

7.3 DEFINITIONS

Flexible Benefit Plan (or Cafeteria Benefit Plan): A plan which allows employees to choose from several benefits or benefit options. Flexible benefit plans include such benefits as:

- Health insurance
- Life insurance
- Vacations
- Long-term disability insurance
- Short-term disability insurance or leave
- Dependent life insurance
- Legal services
- Retirement or long-term savings benefits under a 401(k) salary reduction plan
- Cash option

If the only choice offered is between various options within one benefit area (for example, health), do not report this as a flexible benefit plan.

Reimbursement Account (flexible or employee spending account): An arrangement which provides for a monetary account in an employee's name to be available for reimbursement of certain benefits-related expenses. Some common characteristics of reimbursement accounts are:

- funded by employee pretax contributions; may include employer contributions
- allow employees to set the level of the account by allocating a certain percentage of salary (salary reduction arrangements) to the account
- may be established solely to allow employees to pay insurance contributions with pre-tax dollars
- unused money is forfeited to the company at the end of the year (usually companies use it to pay their benefit costs for the following year)

8.0 LIFE INSURANCE

Section 8.1 tells how to code question 2 of the 3111 form for life insurance. Coding questions 3 and 4 of the 3111 form for life insurance is described in Section 8.2. Section 8.3 lists definitions for the chapter.

<u>Section</u>	<u>Title</u>	<u>Page</u>
8.1	Coding Question 2 of life insurance	164
8.2	Coding Questions 3 & 4 of life insurance: Supplemental Plans & Retiree Life Section	166
8.3	Definitions	168

8.1 CODING QUESTION 2 OF LIFE INSURANCE

Life insurance is different from most other benefits studied by EBS in that:

- it provides lump-sum payments to beneficiaries of the participants, and
- it can cover both active and retired employees.

Question 2 of the 3111 form for life insurance is covered in this section.

A life insurance plan provides a lump-sum benefit through an insurance policy or a self-insured fund to beneficiaries of deceased employees or retirees. The level of benefits may be determined by the deceased employee's annual salary, hourly rate, or length of service (these are all features within a single plan). Some plans may provide a uniform level of benefits for all employees (single plan) or varying levels depending on an employee's job classification (multiple plans). Two other types of life insurance are listed below.

Accidental Death and Dismemberment insurance (AD&D) is an insurance plan (or part of a life insurance plan) which provides extra benefits to the employee or the employee's beneficiaries in the event of accidental death or dismemberment (usually part of a basic life plan).

Survivor's income benefit plans are separate insurance plans providing monthly payments to surviving spouses and children extending beyond the first month or two after death and usually lasting for several years or for life.

Question 2 - Enter all basic life insurance plans for each selected occupation

Name of Plan (Column B) - Print the name of the life insurance plan in this column (see Section 5.1). If the plan is 100% employee paid, do not report the plan in Question 2; it is out-of-scope. Any single life insurance plan based on salary level, length of service, or age of employee will be coded as a single plan. Do not report supplemental or dependent plans in Column B. Report them in Columns H and M. Do not report any additional insurance coverage which is based either on salary level or length of service as a separate life insurance plan or a supplemental life insurance plan. This is a single plan for Washington analysis.

8.1 CODING QUESTION 2 OF LIFE INSURANCE (Continued)

Life Insurance Plan Type (Column B) - Record a "life insurance type" code in columns 45-46, the right-hand side of column B. The codes are:

- 01 - Life insurance
- 02 - AD&D
- 03 - Survivor income
- 04 - Life and AD&D
- 05 - Life and survivor
- 06 - AD&D and survivor
- 07 - Life, AD&D, and survivor

Number of workers participating in the life insurance plan (Column C) - Record the number of workers participating in a life insurance plan for the selected occupations (see Section 5.2).

Plan Identification (Column D) - Enter the EIN/PN of each life insurance plan (see Sections 5.3 and 5.4).

Employee's Contribution for Self-Only Coverage (Column G) - Record the employee's cost for self-only life insurance coverage. Most life insurance is noncontributory (code "1"); however, when it is contributory, record the employee's cost. If the contribution is jointly paid and the amount of the contribution is known, report it as provided. Commonly, this is in cents per \$1,000 of coverage per month. If the cost figure is not available, enter a code "8" in the code column on the right and leave the left column blank. See Section 5.5 or Column G on the 3111 form for coding definitions for codes "3", "4", "7" and "8". If the plan is 100% paid for by the employee, do not report the plan in Question 2; it is out-of-scope.

Does the plan provide dependent coverage? (Column H) - Code for the incidence of the benefit and who pays for it. See Section 5.5 or Column H on the 3111 form for the coding definitions. Code for plans offering dependent coverage even if it is fully employee paid (code "3").

Is a brochure provided? (Column J) - Section 5.6, or Column J on the 3111 form, gives an explanation of the codes for this question. **If a plan description is not provided, indicate the benefit amount, ceiling, and eligibility requirements in the Remarks section.**

Next Expected Plan Change (Column K) - Indicate when the next plan change is expected (see Section 5.6 or Column K on the 3111 form).

8.2 CODING QUESTIONS 3 & 4 OF LIFE INSURANCE: Supplemental Plans & Retiree Life Section

This section tells how to code questions 3 and 4 of the 3111 form for life insurance.

Question 3 - Supplemental Plan Coding

Are supplemental plans available to the employees (in addition to the basic plan)? (Column M) - For each basic plan, report any supplemental plans covering employees that are available. As with dependent coverage, include fully employee-paid plans.

Non-administrative costs are paid by: (Column N) - If the employer contributes only to the administrative costs of the supplemental plan, code this column "3" (employee paid). Code "1" if the employer pays for all of the supplemental plan. Code "2" if it is jointly paid.

What types of supplemental life are offered? (Enter one or more codes.) (Column O) - Code the type of supplemental life insurance plan offered, either term life, group universal life, or other. The definitions are in Section 8.4.

Question 4 - Retiree Life Section Answer question 4 on Retiree life insurance for each life insurance plan reported in Column B of Question 2. Please provide any plan description or written material on retiree life insurance plans. Do not answer question 4 for supplemental life insurance plans.

Does the plan provide retiree coverage? (Column P) - Enter code "1" (yes) if the plan covers retirees for more than one month (30 days) after retirement, even if it is financed entirely by the retiree. If there is no retiree life insurance at all (code "2"), leave the remaining columns (Q and R) blank. **Exclude direct conversion privilege.**

8.2 CODING QUESTIONS 3 & 4: Supplemental Plans & Retiree Life
Section (Continued)

Do benefits change after retirement (Column Q) - If the retiree information is not in the plan description, record in Column Q any changes made to the plan at retirement. Life insurance amounts are usually reduced for retirees. Plans can be reduced in the following ways:

- immediately to a flat amount (code "1")
- gradually (by a percentage) to a flat amount (code "2")
- to a percent of the "active" plan, either all at once or gradually (code "1" if all at once, or code "2" if gradually).

If there is no reduction (benefit change) after retirement, enter code "3" (no).

This plan is paid for by: (Column R) - If paid for by the employer, code "1". If paid by the retiree, code "3". If jointly paid by the employer and the retiree, code "2".

8.3 DEFINITIONS

Dependent coverage: A life insurance plan which covers the employees' dependents.

Group universal life insurance: Life insurance that allows flexible premiums to change the death benefit from time to time, and builds up a cash value in addition to the death benefit. Contrast this with whole life, which provides fixed death benefits and no flexibility in premium payments. For example, a 25-year old male employee purchases \$50,000 protection at \$25 per month. Part of the premium pays for term life coverage (\$50,000); the remainder goes into a "savings account," which is his savings payment, to earn interest. The employee may change his premium payment in order to change the amount of insurance (death) benefit, or the amount of savings.

Retiree life insurance coverage: A life insurance plan that covers retirees for more than 30 days after retirement, even if it is financed entirely by the retiree.

Supplemental life insurance plan: A life insurance plan in which an employee may choose to participate that provides for more life insurance than the basic plan offered by the company.

Term life insurance: Life insurance that is purchased for only a limited period of time, with death benefits only payable if the insured dies during the covered period.

9.0 HEALTH CARE

Section 9.1 describes the different types of providers and benefits in health care. The plan name, health type, participation, and plan identification are detailed in Section 9.2. Instructions on how to code the employee's contribution, whether plan descriptions are provided, and the next expected plan change, are in Section 9.3. Retiree health care is discussed in Section 9.4. Definitions are in Section 9.5.

<u>Section</u>	<u>Title</u>	<u>Page</u>
9.1	Types of Providers and Types of Benefits	170
9.2	Coding the Plan Name, Health Type, Participation, and Plan Identification	172
9.3	Employee's Contribution, Plan description and Plan Change	178
9.4	Retiree Health Care	179
9.5	Definitions	181

9.1 TYPES OF PROVIDERS AND TYPES OF BENEFITS

Health care pays for or provides health services through many sources:

- Fee-for-service (FFS's) plans
- Preferred Provider Organizations (PPO's) and
- Health Maintenance Organizations (HMO's)

Benefits range from hospital-surgical-medical to vision care.

Health care pays for or provides health services through fee-for-service plans, Preferred Provider Organizations, and Health Maintenance Organizations.

Fee-for-service (FFS) health care pays for specified health services after costs have been incurred. HMO's are a prepaid alternative to regular health care, emphasizing preventive care. PPO's offer reduced rates to participants who have arranged to use PPO-affiliated health care services. Benefits provided through health care cover a large spectrum. Below are several definitions of common terms in the health care field:

- Hospital-Surgical-Medical - describes the health care benefits usually covered by an employer-sponsored health plan. The major components of a health care plan are, generally, hospital room and board, surgery, and physicians' visits coverage. Such plans may also cover x-ray and laboratory charges, private duty nursing care, mental health care, and other services.
- Fee-for-service plan (FFS) - reimburses care providers or patients after services have been received. Fee-for-service plans allow covered workers to select the health care providers of their choice.
- Health Maintenance Organization (HMO) - delivers prepaid comprehensive health care services. Covered workers are generally required to obtain care from providers affiliated with the HMO. HMO's provide full health care coverage (no limitations for most health services). Where limitations exist, they are usually in the form of a nominal copayment or a restriction on the number of days of coverage.

9.1 TYPES OF PROVIDERS AND TYPES OF BENEFITS (Continued)

- Preferred Provider Organizations (PPO's) are arrangements between a group of doctors or hospitals and the companies purchasing health care services (plan sponsors) to provide health care services. In return for the PPO's business, health care providers agree to provide services at reduced rates for participants

A PPO differs from an HMO in that PPO providers are not prepaid for their services, and PPO participants are not restricted in the provider they choose. However, the PPO gives participants a financial incentive to use its services (commonly, reduced copayments). Participants choosing non-PPO providers are required to pay a greater portion of the cost of their care.

For further definitions, see Section 9.5.

9.2 CODING THE PLAN NAME, HEALTH TYPE, PARTICIPATION AND PLAN IDENTIFICATION

Column B has two parts, name of plan and health plan type. Self-only and family coverage, a plan which applies to both the employees and their families, are always filed under one EIN/PN. Report them on one line as a single plan name. Record the 2-digit health type code of the plan in the second section of Column B. Record the number of workers participating in the health care plan for the selected occupations in column C. Record the EIN/PN of the health plan in column D.

Name of Plan (Column B) - Some HMO's offer several plans and supplements, causing variations in the level of benefits provided. When listing HMO's in column B, be sure to specify the version which is offered by the company (see Exhibit 9.2-A). (See Exhibit 9.2-B for a summary of how to code HMO plans.) PPO's are one plan even if varying reimbursement rates exist within a single plan's design. If a health benefit plan applies to both the employees and their families, report them on the same line. Both self-only and family coverage are always filed under the same EIN/PN.

Health Type Code (Column B) - Record a "health type" code in columns 45-46.

Code the first digit to indicate what type of medical plan is offered:

- 0 - Not a medical plan (for dental or vision only)
- 1 - HMO plan
- 2 - Fee-for-service (FFS) plan
- 3 - PPO plan

Code the second digit to indicate whether the plan provides dental, or vision,

- 0 - No dental or vision benefits
- 1 - Dental benefits only or a separate dental plan
- 2 - Vision benefits only or a separate vision plan
- 3 - Dental and vision benefits or a separate dental/vision plan
- 9 - Other (features unknown)

Note: Use code "09" for prescription drug only plans.

9.2 CODING THE PLAN NAME, HEALTH TYPE, PARTICIPATION AND PLAN IDENTIFICATION (Continued)

Number of workers participating in the health care plan (Column C) - Record the number of workers participating in health care plan for the selected occupations (see Section 5.2). Participation in single purpose health plans can be greater than that in broad-based health plans (see Exhibit 9.2-C). This usually happens when the broad-based plan is contributory. Some people may decline coverage because they are covered by their spouse, but choose to pick up a dental option. When this happens, note in Remarks so Washington will know a mistake was not made.

Plan Identification (Column D) - Enter the EIN/PN of each health plan (see Sections 5.3 and 5.4). When identifying an HMO, use the EIN of the establishment, not of the HMO.

EXHIBIT 9.2-AHMO'S - VERSIONS

The following is a comparison of two versions of a hypothetical HMO offered by the same establishment.

	Kaiser Blue copayments	Kaiser Red copayments
Physician's office visits	None	\$5 per visit
Outpatient mental health	None	\$5 per visit
Vision exams	None	\$5 per visit
Prescription drugs	\$2 per prescription	\$3 per prescription

These plans would be shown as two plans for EBS column B. As noted above, the main difference between the two plans is the copayment, the amount paid by the individual. Sometimes, a high option plan may cover prescription drugs while a standard option may not. Extended care and mental health care benefits are usually the same for the standard and high options of an HMO plan.

EXHIBIT 9.2-BEXAMPLES OF CODING PLAN TYPES

Cappa Carpentry offers the following health plans:

- The company offers a Blue Cross plan that will pay the same rate regardless of who provides the health care, and includes coverage for doctor's visits, hospitalization, surgery, mental health, and substance abuse. No dental or vision coverage is offered.

Coding: Since this plan pays benefits regardless of who provides health care, the first digit is 2. Code the second digit 0.

- Cappa Carpentry provides coverage for dental and vision needs out of a plan paid for out of company funds.

Coding: This is a self-insured plan, and in-scope for EBS. Code the first digit 0, because this plan offers only vision and dental. Code the second digit 3.

- The company offers the option of joining a Health Maintenance Organization that offers the same services as the Fee for Service plan, and also offers one dental checkup every six months.

Coding: Code the first digit 1. Preventive dental, with no other dental coverage, included as part of a medical plan does not qualify as a dental plan. Code the second digit 0, and note the preventive dental in the Remarks section.

- All workers are eligible for a plan to reimburse half the cost of prescription drugs.

Coding: This is an EBS prescription drug plan. Code the first digit 0, and the second digit 9. Clarify in the Remarks section that this plan only covers prescription drugs.

EXHIBIT 9.2-CSummary of HMO Coding

Question 2

- Column B - HMO Name and version
Health type code = "10" (see Section 9.2), where the second digit indicates no dental or vision benefit (use other codes for second digit, if applicable)
- Column C - Enter the number of workers in the selected occupations that participate in the plan (see Section 5.2).
- Column D - Use the company health plan's EIN or invent an EIN/PN (see Sections 5.3 and 5.4). For each establishment, all HMO's must have the same EIN.
- Column G - Report the employee's contribution for self-only coverage (see Section 9.3).
- Column H - Report the employee's contribution for family coverage (employee, spouse, and one child). See Section 5.5.
- Column J - Code whether or not a plan description is provided (see Section 5.6). Plan descriptions are especially important when analyzing HMO's.
- Column K - Code the next expected plan change (see Section 5.6).

EXHIBIT 9.2-D

Participation in single purpose health plans can be greater than that in broad-based health plans. The total employment in this selected group is 10. While all have chosen the dental plan, only 8 have chosen a broad-based health plan.

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HEALTH CARE

1. Benefit/Plan Identification Information (precoded):

Record
010
(1-3)

BA
01
(16-17)

**** Health Type**

Medical Code (45)	Dental and Vision Code (46)
0 = no plan	0 = no dental or vision
1 = HMO	1 = dental only
2 = FFS	2 = vision only
3 = PPO	3 = dental and vision
	9 = other

2. Enter all Health Care plans for each selected occupation:

Col. A BLS Plan No.	Column B Name of Plan (Please print)	Health Type	Column C Number of Workers Participating							
			Hlt #1	Size C	Hlt #2	Size C	Hlt #3	Size C	Hlt #4	Size C
(18-19)	(21-44)	(45) (46)	(47-53)	(54)	(55-61)	(62)	(63-69)	(70)	(71-77)	(78)
01	BC/BS	20	6							
02	Kaiser HMO	10	2							
03	Delta Dental	01	ALL							
04										
05										
06										
07										
08										
09										
10										

Col. F

BLS
Plan No.
from
above
plan

Employee's Contribution
for Self-Only Coverage

Indicate units --
for example,
Dollars per month

1 = Employer paid
2 = Jointly paid; employee contribution not
3 = Employee contribution is a composite
rate
4 = Employer contributions vary due to
flexible benefits arrangement
7 = nc
8 = nav

Column H

Employee Contribution
for Family Coverage
(employee, spouse, and
one child)

Indicate units --
for example,
Dollars per month

1 = Employer paid
2 = Jointly paid; employee contribution not
3 = Employee contribution is a composite
rate
4 = Employer contributions vary due to
flexible benefits arrangement
7 = nc
8 = nav

01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

9.3 EMPLOYEE'S CONTRIBUTION, PLAN DESCRIPTION, AND PLAN CHANGE

Report the employee's contribution for both self-only and for family coverage in columns G and H. Also, code columns J and K.

Employee Contribution for Self-Only Coverage - (Column G) Record the employee's contribution for "self-only" coverage. If the plan is 100% employee-paid, it is out-of-scope and should not be recorded in question 2. Complete Column G according to instructions in Section 5.5.

If contribution rates are expressed in other than monthly terms, convert them to monthly rates by using the work schedule of the majority of the workers participating in the plan (see Section 2.5 for the Conversion table).

For example, employees of the Newton Dry Goods Corp. pay 15 cents an hour for the Pseudocare HMO. These employees work a 37.5 hour week. To calculate the monthly contribution, you would make the following computations:

$$\begin{aligned} 37.5 \times 52 \text{ weeks} &= 1950 \text{ annual hours} \\ 1950 \text{ hrs} \times \$.15 &= \$292.50 \text{ annual contribution} \\ \$292.50/12 &= \$24.38 \text{ monthly contribution.} \end{aligned}$$

Employee Contribution for Family Coverage - (Column H) Report how much per month the employee pays for family coverage. Family coverage includes the employee. If there is more than one premium for family coverage, collect the premium which covers the employee, spouse, and one child. Follow the instructions for column G. If no dependent coverage is available, indicate in the Remarks section and explain.

****Review tip:** If plan cost is 100% paid by the employee, the plan is out-of-scope and should not be reported in Question 2. If the employer pays for employee coverage but not for the employee's spouse or children, the plan is in-scope and should be coded.

Is a plan description provided? (Column J) - Section 5.6 gives an explanation of the codes for this question.

Next expected plan change (Column K) - Indicate when the next plan change is expected (see Section 5.6).

9.4 RETIREE HEALTH CARE

Answer the retiree health questions only for active employees. Question 3 must be answered regardless of whether or not a retiree health plan description is available. Answer question 3a for all plans, then answer questions 3b and 3c only for those plans that are fully or partially paid for by the employer.

Retiree health care is a health plan that continues beyond the 30-day "grace period" (or until the end of the month of retirement) coverage normally offered to an employee at retirement. This question applies to plans covering current, active employees.

General instructions for Question 3

- Answer question 3 even if you have provided a current retiree health plan description or the current plan description is on file in Washington
- Code for plans applying to active employees. Code retiree questions for both under age 65 and 65 and over.
- If the earliest retirement age is 65, code the provisions for retirees 65 and over (the right-hand column). Specify the retirement age in Remarks.
- Space is provided for answering questions on three retiree health plans. If you need more space, use a health benefits continuation sheet. If retiree provisions are identical, code more than one plan per line (for example, code the Plan No. as Plan No. 4 and 6).

Make every effort to determine if retiree health care is offered, and who pays for this coverage, even if specific details are not available.

Question 3a - Upon retirement, what is the retiree's cost for self-only medical care coverage? Complete as follows:

- Answer 3a for every general health plan (skip single-purpose plans, such as dental or vision).
- Match the health plan reported in question 2 with the provisions in question 3 by entering the BLS Plan No. in question 3a. This applies for medical health type codes only (codes "1", "2", or "3" in the first digit of the health type).

9.4 RETIREE HEALTH CARE (Continued)

- If the retiree pays for the full cost of coverage (even if the retiree is reimbursed for Medicare Part B), or if retiree benefits continue only until the end of the month, check answer 1 (Retiree pays full cost or no coverage) for both situations, and skip 3b and 3c.

Question 3b - What are the requirements for receiving retiree health care? Code 1 would apply to all retirees, regardless of whether they qualify for the retirement plan. Also, some employees do not have a retirement plan. Code 1 is also used if the same requirement that terminees must meet to be considered retired also applies to eligibility for health care. Code 3 applies to retirees who must meet the same requirements as the retirement plan, usually certain ages, certain lengths of service, or a combination of the two.

Question 3c - What happens to the level of benefits upon retirement? Indicate in Remarks that participants in the HMO revert to the coverage provided at retirement for the regular health plan. Complete as follows:

- If benefits are coordinated with Medicare, and this is the only change from the original plan, check "1" (Benefits Stay the Same)
- If a part of the plan is cancelled (for example, prescription drug coverage), or a change in the dollar amount of benefits occurs (for example, a reduction in the overall lifetime maximum in the plan from \$250,000 to \$50,000, check "2" (Benefits are Reduced)
- If a new provision is added, or an increase in the dollar amount of benefits occurs, check "3" (Benefits are Increased)

9.5 DEFINITIONS

Dental care plan: Includes preventive care such as examinations and x-rays, restorative procedures such as fillings, periodontal care, inlays, and endodontics, and orthodontia care (usually for dependent children only). In general, dental care is provided in a dentist's office rather than in a hospital. Also included as dental plans are comprehensive dental care clinics for employees and, in some cases, for their families. Sometimes, medical plans offer preventive dental only. Do not consider these as dental plans. This practice is common in HMO's.

Group/staff HMO: Delivers health services at one or more facilities through a group of medical care providers working on a salaried or contractual basis.

Individual Practice Association (IPA): The IPA form of HMO contracts with medical care providers in the community, who maintain their own offices and are usually paid by the HMO on an agreed fee-for-service schedule. Covered individuals may choose from the affiliated providers, who may also treat non-HMO patients.

"Point of service" plan: Differs from the regular scheme in that employees can decide whether they want to use the HMO or not each time they need medical services, rather than making a single decision at the beginning of the year. Code these as one plan, and use plan type code "1" (HMO).

Prescription drugs: Covers some of the cost of out-of-hospital brand name or generic medications prescribed by physicians.

Vision care plan: Includes eye examinations, eyeglasses, and contact lenses. Do not include medical plans that only offer eye examinations as separate vision plans. This practice is common in HMOs.

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10.0 DEFINED BENEFIT AND DEFINED CONTRIBUTION PLANS

Section 10.1 describes the structure of defined benefit and defined contribution plans. How to code question 2 is detailed in Section 10.2. Salary reduction plans and how to code question 3 are covered in Section 10.3. Section 10.4 describes post-retirement pension increases and bonuses and multi-employer pension plans. Executive benefits are discussed in Section 10.5. Coding for railroad retirement plans is detailed in Section 10.6. Definitions are listed in Section 10.7.

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10.1 STRUCTURE OF DEFINED BENEFIT AND DEFINED CONTRIBUTION PLANS

A retirement income plan can be either a defined benefit plan or a defined contribution plan.

Plans can provide lifetime payments, a lump sum, or a limited number of payments.

There are two main types of retirement income plans:

Defined Benefit Pension plans - Under these plans, an employer's cost is not predetermined, but the benefit is. Several different benefit formulas may be used, such as dollar amount times years of service or a percent of employee salary. **Government plans will sometimes require employee contributions.**

Defined Contribution plans - Under these plans, an employer's cost is usually predetermined, but the benefit employees receive depends on how much the employer and employee contribute and such things as investment gains and losses. If the employee's contribution is made with pre-tax dollars, it is called a salary reduction arrangement. There are six plan types: stock plan, savings and thrift plan, profit sharing plan, money purchase pension plan, Simplified Employee Pension plan (SEP), and other plan.

10.2 CODING QUESTION 2

Print the name of the plan in Column B. Enter a retirement type code to designate one of seven possible defined benefit or defined contribution plans. If a single plan contains more than one feature, report each feature as a separate plan.

Question 2 Enter all defined benefit and defined contribution plans for each category of selected workers.

Name of Plan (Column B) - Print the name of the plan in this column (see Section 5.1). List all plans with at least one participant. Report all combinations of plans with at least one participant.

Example: Six people are in a occupation group. All belong to a defined benefit plan, and three of the six belong to a savings plan. Report three plans:

1. Defined benefit
2. Savings
3. Defined benefit + savings. This is a combination plan. For this plan, list employees participating in both plans.

All plans must be at least partially paid for by the employer to be in-scope.

10.2 CODING QUESTION 2 (Continued)

Retirement Type (Column B) - Identify each plan reported as one of 7 types: defined benefit pension plan, money purchase pension plan, stock plan, savings and thrift plan, profit sharing plan, simplified employee pension, or other plan. Record "retirement type" codes for each basic or supplemental plan collected. They are as follows:

- 01 -- Defined Benefit Pension plan
- 02 -- Stock plan
- 03 -- Savings and Thrift plan
- 04 -- Profit Sharing plan
- 05 -- Money Purchase plan
- 06 -- Simplified Employee Pension plan (SEP)
- 07 -- Other plan
- CC -- Combination plan.

Examples of coding retirement types

EXAMPLE 1: Alexandria Bottled Water Co. contributes an amount equal to five percent of an employee's salary into a retirement fund. The employee may contribute up to five percent of salary into the plan. The company manages the funds of this plan.

Coding: Code as a money purchase plan. (See the Definitions section.) The employer has established a fund, and contributes a fixed amount regardless of how much the employee contributes, and regardless of the level of profits of the company. This plan differs from a Simplified Employee Pension, in that the company manages the funds, rather than depositing the funds in a financial institution.

EXAMPLE 2: Bucci's Barbershop has 10 employees, and the owner has set up an Individual Retirement Account for one of the employees.

Coding: This is an out of scope IRA. When encountering IRA's in firms with fewer than 25 employees, check if the plans are Simplified Employee Pensions (SEP). SEP's must be offered to all employees, and must be registered with the I.R.S. IRA's do not have to fulfill these requirements. IRA's are out of scope, unless part of a SEP plan.

10.2 CODING QUESTION 2 (Continued)

For combination plans, use retirement type code 'CC'. Construct a combination EIN/PN for these plans, using the BLS plan number of each of the component plans. Zero-fill the remaining digits. In the above example, if the defined benefit pension plan were BLS plan number '01' and the savings and thrift plan were BLS plan number '02', the EIN/PN would be '010200000-000'.

Code all single plans with more than one retirement feature as separate plans. If a single pension plan provides for social security coverage to some but not all participants, code two plans: one for those with coverage, and one for those without coverage.

Defined benefit plans will occasionally have employee contributions. (These are rare in the private sector, but common in State government plans.) One plan must be coded for each contribution rate. If the rates are not in the plan descriptions, write the rates in the Remarks section.

If all workers participate in combination plans, enter 0's in the participation boxes for individual plans. Enter "ALL" in the participation boxes of the combination plans.

Number of Workers Participating (Column C) - Record the number of workers participating in a defined benefit and/or defined contribution plan or a combination plan for the selected occupations. Record mutually exclusive participation, that is, the number of workers participating in each plan alone and the number of workers participating in each possible combination of plans. For example, if all 10 workers in a hit participate in a defined benefit pension plan, and 7 workers participate in a savings and thrift plan, record participation as follows:

Defined benefit pension - 3	(3 participate in this plan alone)
Savings and thrift plan - 0	(0 participate in this plan alone)
Defined benefit/Savings - 7	(7 participate in these 2 plans)

Record the number of participants receiving a combination of retirement plans. Create an EIN for combination plans by writing in the BLS plan number for each of the components and then zero fill.

10.2 CODING QUESTION 2 (Continued)

Plan Identification (Column D) - Enter the EIN/PN of the defined benefit and/or defined contribution plan for each selected occupation (see Sections 5.3 and 5.4).

Is a plan description provided? (Column F) - Section 5.6 gives an explanation of the codes for this question.

EXHIBIT 10.2**DEFINED BENEFIT AND DEFINED CONTRIBUTION PLAN CODING**

Example of the coding of a combination plan, using a variety of retirement-type plans [defined benefit, stock, 401(k) salary reduction].

Employees at Jones and Chappel Specialty Steel Company receive a noncontributory pension plan that provides them with 1 1/2% of career average annual earnings times years of service upon retirement. They may also participate in the J&C stock plan. This allows them to purchase J&C stock at a 10% discount from market value. J&C also allows employees to defer from 2% to 10% of the earnings in a 401(k) salary reduction plan. Employee earnings are invested in U.S. government and Commonwealth of Pennsylvania bonds, but J&C makes no contributions to the plan, other than providing bookkeeping, payroll deduction, and investment services. After obtaining identifying information and participation figures, as shown below, code those plans as follows:

DEFINED BENEFIT AND DEFINED CONTRIBUTION PLANS

1. Benefit/Plan Identification Information (pre-coded):

Record	BA
010	05
(1-3)	(18-17)

If all employees participate, enter ALL in participants for HR #1. No additional entries are needed.

2. Enter all Defined Benefit and Defined Contribution Plans (and applicable combinations) for each selected occupation:

Col. A SLS Plan No.	Column B Name of Plan (Please print)	Retirement Type **	Column C Number of Workers Participating							
			HR #1	Size	HR #2	Size	HR #3	Size	HR #4	Size
(18-19)	(21-44)	(45-48)	(47-53)	(54)	(55-61)	(62)	(63-69)	(70)	(71-77)	(78)
01	Pension	01	1465		202					
02	Stock plan	02	0		0					
03	Pension/Stock	CC	696		176					
04										
05										
06										
07										
08										
09										
10										

** 01 = Defined Benefit Plan
02 = Stock Plan
03 = Savings and Thrift Plan
04 = Profit Sharing Plan

05 = Money Purchase Pension Plan
06 = Simplified Employee Pension (SEP)
07 = Other
CC = Combination Plan

3. OOS Salary Reduction Plans: Report all selected workers (full-time and part-time) who participate in a salary reduction plan without employer contribution. If no plan exists, leave this section blank. If a plan exists, but no workers participate, code zero.

Record	BA
010	25
(1-3)	(18-17)

If all employees participate, enter ALL in participants for HR #1. No additional entries are needed.

		HR #1		HR #2		HR #3		HR #4		
(18-19)	(21-44)	(45-48)	(47-53)	(54)	(55-61)	(62)	(63-69)	(70)	(71-77)	(78)
01	OOS SALARY REDUCTION	25	404		146					

10.3 SALARY REDUCTION PLANS (SRP's) AND CODING QUESTION 3

Classify in-scope salary reduction plans [401(k), 403(b), and 457 plans] according to the existence of employer contributions.

Salary reduction plans that involve no employer contribution are out-of-scope. Report them in Question 3 of the defined benefit and defined contribution section. This will enable us to publish valuable information on the extent of salary reduction arrangements, with and without employer contributions.

In-scope Salary Reduction Plans - For a Salary Reduction Plan (SRP) to be in-scope, both employer and employee must contribute. (The employer must intend to contribute and have the mechanism in place to contribute for a plan to be in-scope.) SRP's currently in existence are through 401(k), 403(b), and 457 plans. 403(b) and 457 plans are available to employees of State and local governments and tax-exempt organizations only. Classify these plans as either savings and thrift plans, profit sharing plans, money purchase plans, SEP's, or stock plans. The Washington staff will record the salary reduction feature in the coding manual when the plan is analyzed.

If matching is required, code the plan as a savings and thrift plan. Employers usually contribute 50 cents for each dollar of employee contributions. Employer contributions to a savings and thrift plan may:

- Come from either current operating funds or from profits
- Be a fixed percentage or amount, or vary by the level of profits. For example, no contribution if profits are <\$3M, 50% of employee contribution if profits are \$3-5M, 100% if profits are >\$5M.

If matching is not required, but the employee can add to employer contributions using an SRP, then code the plan according to what it is used for:

- If the employer has a stock plan to which the employee can add contributions, code the plan as a stock plan.
- If the employer has a profit sharing plan, money purchase plan, or SEP, to which the employee can add SRP contributions, code the plan as the appropriate type.

10.3 SALARY REDUCTION PLANS (SRP's) AND CODING QUESTION 3
(Continued)

In some flexible benefits plans, employer money not used to purchase insurance coverage or other benefits may be placed into a 401(k) plan. This money is considered employer money by the IRS, and it is not taxed to the employee until distribution. Coding this 401(k) option may vary by establishment. If the 401(k) money goes into an existing employer plan, such as a standard savings and thrift plan, code two savings plans, one for participants with the extra funds, and one for participants without those funds. If the 401(k) money stands alone, code a separate plan with plan type '07'. Determine the number of employees who actually receive the 401(k) money, not just those eligible. Because the plan is funded by the employer, it should not be coded as an OOS Salary Reduction Plan.

Question 3 - OOS Salary Reduction Plans: Complete this question for OOS salary reduction plans only (plans for which the employer does not contribute). Do not make combinations with these plans. In the rare case where an employee receives two or more OOS salary reduction plans, report each employee once (never double count), and explain the different plans received in Remarks. Do not obtain plan descriptions or EIN/PN's for OOS SRP's.

For Question 3, include SRP's used only for deferred benefits [for example, those SRP's offered as Section 401(k), 403(b), or 457 plans]. If you find a Section 125 plan that is used for nondeferred purposes (for example, to buy extra health or life insurance), report it in the Flexible Benefit Plans section.

10.4 POST-RETIREMENT PENSION INCREASES AND BONUSES, MULTI-EMPLOYER PENSION PLANS, LTD, AND SOCIAL SECURITY

Any analysis of defined benefit pension coverage is inadequate without information on increases in pension payments to current retirees. In 1988, only 4 percent of the pension participants were reported in plans with automatic cost-of-living increases. In plans covering 29% of the participants, however, pensions of retirees were increased at least once between 1983 and 1987. These increases are called ad hoc post-retirement pension increases. In addition, lump sum bonus payments are sometimes made when either inflation has been high, or regular adjustments have not been made to retiree pension payments.

Sometimes, under multi-employer plans, pension benefits vary according to the amount of the employer contribution. Record the employer cost for those plans in question 5.

Question 4 - Post-retirement Pension Increases and Bonuses (Defined Benefit Pension Plans Only)

Characteristics of post-retirement pension increases and bonuses

- One time or periodic adjustments that depend not only on the inflation rate, but such factors as profitability or accumulated plan funds.
- Increases are not automatic, or formula-based, but are granted at the discretion of management.
- Payments are added to the retirement benefit, and continue throughout retirement, or
- Payments can come in the form of a lump sum bonus. This bonus can take the place of, or can be given along with, payments that continue throughout retirement.
- Increases are usually given to offset increases in the cost of living, but there is no automatic linkage to the CPI or other cost of living indicator.
- If the pension plan is under a collective bargaining agreement, post-retirement pension increases may be negotiated by the union. (Post-retirement pension increases are common in UAW agreements.)

10.4 POST-RETIREMENT PENSION INCREASES AND BONUSES, MULTI-EMPLOYER PENSION PLANS, LTD, AND SOCIAL SECURITY
(Continued)

- Increases may be granted for current retirees at the same time that the formula for future retirees (active participants) is amended.

Answer only for defined benefit pension plans originally reported in question 2. Our analysis is limited to pension plans that still cover active employees. Also, disregard any increases that occurred more than 5 years before the survey reference year. For example, in 1991, exclude increases made before 1986.

Question 4 - Coding for Post-Retirement Increases and Bonuses

Have you given post-retirement increases or bonuses in the past 5 years?

Complete the remaining questions in Columns A-C only if you answer "yes" (code "1"). If you answer no (code "2"), leave Cols. A-C blank.

Remember to code for defined benefit pension plans only; ignore, defined contribution plans for this question and questions 5 and 6.

BLS Plan No. from question 2 (Column A) - Enter the Plan Number of the pension plan reported in question 2.

Is a written description provided? (Column B) Answer yes or no. If not, specify in Column C or in the Remarks section the following information for each increase or bonus:

1. What group of workers received the bonus or increase?
2. What amount (or percentage) was given?
3. What year was the benefit received?

Coding Special Welfare Plans - ERISA encourages firms to create special welfare plans which provide automatic COLA's to retirees. These are post-retirement pension increases but are filed as welfare plans because the funding requirements are easier. If such a plan exists, collect the plan description and note its existence in Remarks in the pension section of the form. These plans will be included in the pension analysis.

10.4 POST-RETIREMENT PENSION INCREASES AND BONUSES, MULTI-EMPLOYER PENSION PLANS, LTD, AND SOCIAL SECURITY
(Continued)

Question 5 - Multi-Employer Pension Plans (Defined Benefit Plans Only)

Are any defined benefit plans negotiated under multi-employer arrangements? If "yes" (code "1"), complete Columns A-C below; if "no" (code "2"), leave Cols. A-C blank.

In some defined benefit pension plans that cover workers in many establishments (multi-employer pension plans), the level of benefit depends on the amount that the employer contributes to the plan. In these cases, Washington needs the employer contribution rate in order to compute the pension benefits. Specify the amount of the employer's contribution in Column B of this question. For example, Central States Teamsters have 14 different levels of pension benefits that strictly depend on the amount of contribution per hour the employer makes (from about \$0.30 per hour to \$1.40 per hour). Employer cost data will not be published but will be used to determine the level of benefits provided.

The following common multi-employer pension plans have benefit levels that vary by employer contribution:

- Central States Teamsters Pension Fund
- Western Conference of Teamsters Pension Fund
- International Association of Machinists National Pension Fund
- Bakery and Confectionery Union International Pension Fund
- United Food and Commercial Workers International Union - Industry Pension Fund
- International Union of Operating Engineers Central Pension Fund.

Question 6 - Answer for Defined Benefit Plans ONLY.

BLS Plan No. from question 2 (Column A) - Enter the Plan Number of the defined benefit plan reported in question 2.

Are some or all participants covered by an LTD plan (regardless of who finances the plan)? (Column B) - Answer code '1' if yes, code '2' if no, and code '8' if the data is not available.

Include both in-scope and out of scope (employee-paid) plans.

10.4 POST-RETIREMENT PENSION INCREASES AND BONUSES, MULTI-EMPLOYER PENSION PLANS, LTD, AND SOCIAL SECURITY
(Continued)

For Governments Only

Are plan participants covered by Social Security (exclusive of medicare)? (If some but not all participants are covered, indicate the number covered.) Answer code '1' if yes, code '2' if no, and code '8' if the data is not available. **If some workers are covered, report separate defined benefit plans: one for those with social security, and one for those without Social Security.**

EXHIBIT 10.4Examples of post-retirement increases and bonuses in private industry

Company	Post Retirement Increases and Bonuses
Day Publishing	1986: For retirees retired prior to 5/1/86: Current pension times 1/18 of 1% for each year of service, to a maximum of 20 years of service. 1987: For retirees between 1/1/85 and 1/1/87, the annuity increased by an annual amount of 4/100 of 1% of the current pension, multiplied by the full years of service as of 12/31/84.
Brandoco Corp.	1987: Noncontributory--Periodic increases in basic benefits over the next three years for each year of credited service. Temporary benefits and certain supplements also increased. Contributory: Effective 10/1/87, benefits increased by 5%, plus .5% for each month of retirement between 10/1/88 and 10/1/89. Effective 10/1/82 and 10/1/83, benefits increased 5% (or .416% for each month of retirement if less).

10.5 EXECUTIVE BENEFITS

Executives that are in-scope of the survey may receive special benefits.

Below is a list of special benefits executives might receive and how to code them.

Benefit	Code as
ERISA Excess plans and Simplified Employee Pensions (SEP's)	Supplemental defined benefit plan; combine with the basic defined benefit plan
Restricted stock, phantom (shadow) stock, and Stock Appreciation Rights (SAR's)	Stock plans - collect participation but do not spend a large amount of time getting plan descriptions
Performance Share Units	Stock plans only if there is an opportunity to receive stock. If there is no opportunity for stock payment provisions, code as an Other plan
Nonqualified deferred compensation plans	Do not list. Employee is not guaranteed benefits.

Make appropriate combination plans with other company plans.

See Section 10.7 for definitions of these benefits.

10.6 CODING FOR RAILROAD RETIREMENT PLANS

For EBS two railroad retirement plans must be reported. One is for pre-October 1, 1981 hires and the other one for post-October 1, 1981 hires. Write one of the names of the plans in Column B, depending on the employee's date of hire. It is not necessary to collect plan descriptions for these two plans.

Railroad Retirement is a federally mandated defined benefit plan for employees in the railroad and related industries. (Note: Subway and trolley employees are not covered by railroad retirement.) The Railroad Retirement plan is composed of two tiers (or parts), as described below:

Railroad Retirement Tier I is essentially the same as Social Security, **and should not be coded for EBS.**

Railroad Retirement Tier II resembles a private defined benefit pension plan.

In addition, pre-October 1, 1981 hires ("RR Tier II-SUPP") receive a supplemental annuity, while post-October 1, 1981 hires ("RR Tier II-NOSUPP") do not.

Coding for Railroad Retirement Plans

Question 2 Enter all defined benefit and defined contribution plans for each category of selected workers.

Name of Plan (Column B) - Complete the plan name for all employees covered by railroad retirement. Nearly all employees in privately-owned railroads will have this coverage.

In most establishments with employees covered by a plan, two basic plans will be needed -- one for employees receiving the supplemental annuity, and one for those not receiving the annuity. Use the following plan names:

- RR Tier II-SUPP
- RR Tier II-NOSUPP

Employees hired prior to October 1, 1981 receive the supplement, while those hired after that date do not. If this company has been collected by ECI before, a length of service roster may be available to make it easier to code.

10.6 CODING FOR RAILROAD RETIREMENT PLANS (Continued)

Retirement Type (Column B) - Enter code '01' for all plans.

Number of Workers Participating (Column C) - Record the number of workers participating in each plan for the selected occupations (see Section 5.2). Make appropriate combination plans with other company plans.

Plan Identification (Column D) - Use the following EIN/PN's for the two plans:

- RR Tier II-SUPP : 521056095-901
- RR Tier II-NOSUPP : 521056095-902

Plan descriptions are not collected for Railroad Retirement plans because the provisions for these plans are nationwide.

Questions 4, 5 and 6

It is not necessary to collect data on post-retirement increases or multi-employer pension plans.

10.7 DEFINITIONS

401(k) PLAN: A qualified cash or deferred arrangement under Section 401(k) of the Internal Revenue Code. Under these plans, employees may elect to have part of their compensation (otherwise payable in cash) contributed to a qualified plan, deferring income tax until withdrawal.

Three main types of 401(k) plans currently exist:

1. 401(k) Savings and Thrift plans - similar to conventional savings and thrift plans, but at least part of the employee contributions are pretax and withdrawal provisions are more restrictive.
2. Cash or deferred profit-sharing plans - the original 401(k) plan, it allows proceeds from a profit-sharing plan to be taken in cash (posttax) or placed into an account (pretax). Some plans now also allow employee contributions into the account through a salary reduction arrangement.
3. "Stand Alone" 401(k) Salary Reduction Plans - called OOS SALARY REDUCTION on the form. All contributions into these accounts are from salary reduction arrangements; the employer makes no contribution.

A Section 401(k) plan is the only deferred benefit allowed in a Section 125 cafeteria plan. Employees may elect to have cash paid from a cafeteria plan transferred to a 401(k) plan on a tax-sheltered basis. Employees may also contribute through a salary reduction arrangement.

Combination plans: Plans which consist of the combination of one or more plans within a single benefit area.

Defined benefit pension plan: A retirement plan that provides the employee with a specified retirement benefit, usually regular payments for life. The key is that it can be computed in advance of retirement.

Deferred compensation plan: Also known as a 457 plan, is a type of salary reduction arrangement available to employees of State and local governments and of tax-exempt organizations. Taxes on employee contributions are deferred until receipt. Plans may be in-scope and out-of-scope depending upon the existence of employer contributions. This term is also used to describe plans that allow employees, usually executives, to defer compensation to a later year. See "nonqualified defined contribution plan."

10.7 DEFINITIONS (Continued)

Defined contribution plan: This plan covers the following: Money purchase pension plans, stock plans, profit sharing plans, SEP's, and savings and thrift plans. These plans have the following in common: The employer makes predetermined contributions (or intends to make contributions with the mechanism in place to do so), but the amount of the benefit upon retirement is not known. Nearly 50% of the employees in medium and large private firms are covered by some type of defined contribution plan, most commonly a savings and thrift plan.

Employee stock ownership plan (ESOP): A plan under which the employer pays a designated amount to a fund which invests primarily in company stock and makes benefit distributions in either company stock or cash. The plan must be specifically designated in its name or in its official description as an "employee stock ownership plan."

NOTE: ESOP's and stock bonus plans are distinguished as follows: An ESOP plan must be designated as such in its title and/or text and must be designed to invest primarily in company stock. A stock bonus plan may invest in any security. Both must distribute benefits to the employee either in the form of company stock or cash. Also, ERISA (Employee Retirement Income Security Act) permits an ESOP plan, but not a stock bonus plan, to obtain a loan, guaranteed by the employer, from a bank to purchase company stock. As the loan is paid off by the plan with contributions, an equivalent amount of stock purchased by the plan with the loan is released and distributed to participants' accounts.

ERISA Excess Plans: These plans provide the same benefits guaranteed an executive under a qualified defined benefit plan but denied because such benefits would exceed the cap on benefits as defined by the IRS.

Executive management employee: An employee whose decisions have a direct and substantial effect on an organization's policymaking.

Individual Retirement Account (IRA's): An out-of-scope defined contribution plan that allows an individual to deposit funds in an individual account. These plans are only in-scope when an employer of a small establishment sets up a Simplified Employee Pension plan. (See the definition for Simplified Employee Pension plans).

10.7 DEFINITIONS (Continued)

Money purchase pension plan: A defined contribution retirement plan in which the employer allocates contributions to individual employee accounts. The funds accumulated in the accounts are then used to purchase an annuity or other form of retirement income. **Employer contributions are not based on employee contributions, that is, contributions are not matched, as in a savings and thrift plan.**

Nonqualified Deferred Compensation Plans: In these arrangements, employees agree to accept a lower salary and receive the promise of income during retirement. In order to avoid taxation to the employee, the employer either does not set money aside for these future payments, or sets money aside but does not earmark it for the specific employee. In either case, the employer receives no tax deduction until payments are made to the employee. In addition, to avoid tax consequences, the employee is never guaranteed benefits. These types of plans are not collected by either EBS or ECI because there is no assurance that the active employee will receive any payments.

Nonqualified Plan: A plan that does not meet Internal Revenue Code requirements for tax-favored treatment.

Performance Share Units: Contingent grants that are earned by an executive over a specified period (usually 3 to 5 years) if predetermined performance goals for the period are attained. Grants can be expressed in terms of company stock shares (share plans) or in units that are assigned values based on book value or other criteria (units plans). Performance goals can be tied to profit growth or other financial objectives of a company (or its divisions or other component organizations) and also the performance of the executive. Grants earned at the end of the specified period can be paid in cash, equivalent shares of stock, or a combination of both.

Phantom or Shadow Stock: Creates the same result as stock appreciation rights without being tied to non-qualified stock options or employing actual shares of company stock.

10.7 DEFINITIONS (Continued)

Profit sharing plan: A plan under which the company credits shares of company profits to participating employees' accounts. The amount in the account may be available to the employee on a deferred basis, for example, in 10 years or upon retirement, or profits may be paid directly to the employee in cash annually, or both types of distributions may occur.

Contributions to profit sharing can vary according to plan provisions. Under some plans, if there is no annual profit or if it is below a specified amount, there is no sharing. Under others, employers share first dollar profit with plan participants.

Qualified Plan: A plan that meets the requirements of the Internal Revenue Code for tax-favored treatment.

Restricted Stock: Grants of a company's stock made contingent on the executive remaining in the company's employ for a specified time period or until retirement. Grants are not tied to the achievement of predetermined corporate or individual goals.

Salary reduction arrangement (SRA): An employer-employee arrangement which permits employees to finance part or all of the costs of certain benefits with pre-tax dollars. Specifically, a designated portion of salary is allocated to payment of benefit cost, and amounts so allocated are exempt from federal income tax.

Savings and thrift plan: A plan under which an employee periodically pays to a fund a predetermined portion of earnings, all or part of which is matched by the employer, and the proceeds from the fund are paid to the employee in cash, stocks, bonds, or may be used to purchase an annuity. The employee may withdraw some or all of his or her contributions but may forfeit employer contributions unless certain conditions are met (such as specified years of participation). In a savings and thrift, employer contributions are always based on employee contributions, as opposed to a money purchase plan, in which employer contributions are independent of employee contributions.

Simplified Employee Pension (SEP's): A plan that may be established by small (25 employees or less) employers to provide retirement benefits to employees. A SEP is a retirement income arrangement under which the employer may contribute any amount each year up to the smaller of \$30,000 or 15 percent of employee's compensation into the employee's Individual Retirement Accounts (IRA). The plan must follow certain guidelines, including offering the plan to all employees. The employee may still contribute the lesser of \$2,000 or 100 percent of compensation to the IRA.

10.7 DEFINITIONS (Continued)

Stock Appreciation Rights (SAR's): Granted in connection with non-qualified stock options as an alternative to purchasing the shares under option. It enables an executive to receive the equivalent of the excess of the then market price of the optioned shares over the initial grant price. The appreciated sum is paid in cash, equivalent shares, or a combination of the two. The time span for measuring appreciation is the same as for purchasing optioned shares.

Stock bonus plan: A plan financed by employer and employee or solely by the employer, in which contributions are placed in a separate trust fund which invests in any security. The proceeds from the trust fund are usually paid to the employee in the form of company stock. NOTE: A stock bonus plan requires a trust fund. Bonuses paid in the form of company stock directly to the employee, with no trust fund involved, are gifts.

Stock option plan: A plan that gives employees (often executives) the right to purchase company stock in the future at a designated price. Participation is reported when the option is granted because options may be exercised at different times by different participants. The characteristics of stock option plans are similar but the taxation of the benefit differs depending on how the plan is set up.

Incentive stock option plans - Employees are not taxed on the difference between the price designated by the plan (grant price) and the market value of the stock (exercise price) until the stock is sold.

Nonqualified stock option plans - Employees are taxed on the difference between the grant price and the exercise price at the time the stock is purchased.

Stock plan: A plan that allows employees to accumulate stock. The more common types of stock plans include: Stock bonus plans, employee stock ownership plans (ESOP), stock option plans, and stock purchase plans.

Stock purchase plan: A plan that permits a participating employee to purchase shares of company stock, usually through payroll deduction, at less than open-market price. Stock purchase plans are limited to company stock.

10.7 DEFINITIONS (Continued)

Supplemental Executive Retirement Plans: These plans are separate from the company's basic defined benefit plan. Because they are not regulated, they often provide benefits well in excess of ERISA limits and often forego strict age and service requirements for retirement.

Tax-sheltered annuities: These plans, also called 403(b) plans, are a type of salary reduction plan available to employees of public schools and tax-exempt organizations such as charities, schools, hospitals, and non-profit research establishments. Employees may exclude from taxable income their contributions to a tax-sheltered annuity. Some plans are "out-of-scope" salary reduction plans (no employer contribution); others are in-scope defined contribution plans with both employer and employee contributions.

As with the other types of plans defined above, tax-sheltered annuities use a variety of investment vehicles: banks and credit unions, annuity contracts with life insurance companies, and mutual funds.

TIAA/CREF plans: These plans are defined contribution plans funded through individually-owned annuity contracts issued by the Teachers Insurance and Annuity Association (TIAA) and the College Retirement Equities Fund (CREF). These plans are available to employees of schools and nonprofit educational and research institutions. These plans are usually money-purchase plans, though they may provide for matching employer contributions (savings and thrift plans). **These plans may permit employee contributions through a 403(b) salary reduction arrangement. List any employee matching arrangement in the Remarks section if not included in the plan description.** Also, list employer and employee contributions if not in booklet.

Vesting: The right of an employee to a pension at some future date.

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11.0 OVERVIEW OF ADDITIONAL BENEFITS

For additional benefits, collect the number of eligible employees for each selected occupation (hit). Eligible means qualified to receive benefits and having met all requirements. Length of service or other requirements must be completed to be considered eligible. This does not mean that the employee is actually using the benefit; any employee who is eligible is counted. These additional benefits are distributed in nine areas:

1. Income continuation
2. Educational/Relocation allowance (full or partial benefits)
3. Transportation benefits
4. Financial counseling and legal services
5. Cash benefits
6. Family benefits
7. Health Promotion Programs
8. Miscellaneous, and
9. Gifts and employee discounts.

Report only formal plans, except severance pay, SUB, and non-production bonuses.

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11.1 CODING ADDITIONAL BENEFITS

Enter the number of eligible employees, not just those using the benefit, for each selected occupation for each of the 4, 6, or 8 hits. Also complete Group Size Coding in the designated spaces.

Coding Eligible Employees - Enter the number of eligible employees for each benefit. Eligible means qualified to join a plan. Some firms require employees to complete a probationary period before being covered by the plan. Exclude employees in this probationary status; they are not eligible.

If all workers in an establishment are eligible, write "ALL" in hit #1.

If no workers in an establishment are eligible, or if there is no benefit offered, write either "NONE" in hit #1 or "0" in the hit field.

If it is not known whether a plan exists or not, code an "x" in the group size box for the additional benefit.

Educational Assistance (Question 4) is divided into two groups. Be sure to code both lines for this benefit as shown on the form.

EXHIBIT 11.1PARTICIPATION AND ELIGIBILITY

Eligibility confers on an employee the right to join a plan. Participation in a plan occurs when an employee actually joins the plan. Usage is when an employee actually uses the benefit. In many cases, the number of eligible employees equals the number of participating employees:

- If all employees are automatically covered by a plan, all employees are eligible and all participate.
- If employees must choose whether to join a plan, and all employees join, the number of participants equals the number of eligibles.

Sometimes, however, the number of participants will be smaller than the number of eligibles:

- If employees must choose whether to join a plan, and some, but not all, employees join: All employees are eligible, but only those who join participate.

In determining eligibility, it makes no difference whether employees actually use a benefit, as long as they would receive the benefit if requested or needed. For example, Morton Chili Parlors provides parking facilities to all employees. We consider all employees as eligible, since they would receive parking if they needed it. We disregard the fact that some Morton employees walk or take the bus to work and do not use the parking lot.

11.2 INCOME CONTINUATION PLANS

When an employee is laid-off or let go due to economic reasons, he or she may be entitled to State unemployment insurance benefits and, in addition, the employer may compensate the employee with:

- Severance pay, or
- Supplemental Unemployment Benefits.

Report informal plans, too.

SEVERANCE PAY is a lump sum or installment cash payment to employees permanently separated from the company. Severance pay also includes technological severance pay (pay given to employees permanently separated from employment due to technological changes or plant closing). Sometimes referred to as dismissal pay, termination pay, or separation pay, severance pay does not include pay of a similar nature required under supplemental unemployment benefit plans (SUB) or profit-sharing plans, penalty pay in lieu of a dismissal or layoff notice, or lump-sum or installment payments provided under a pension plan if the pay is provided in addition to or as an alternative to lifetime monthly payments. Include plans that pay workers cash for unused sick leave at termination, **including retirement**.

Some companies make severance payments only to employees who are let go due to poor business conditions, etc.; while employees who are fired get no severance pay. This is still a Severance pay plan and should be coded as such.

A SUPPLEMENTAL UNEMPLOYMENT BENEFIT (SUB) Plan is financed by the employer to provide weekly benefit payments that supplement State unemployment insurance benefits paid to laid-off employees or employees with shortened work weeks. These plans are most often found in the auto and steel industries.

11.3 EDUCATIONAL/RELOCATION ALLOWANCE (Full or Partial Benefits)

For Relocation Allowance, complete the one line provided for benefits which are either fully or partially paid by the employer.

For educational assistance, code for whether a full or partial payment for the benefit is provided by the employer for training or educational courses

- a. related to the employee's job, or,
- b. not related to the employee's job.

Be sure to complete both lines for this question.

A RELOCATION ALLOWANCE covers the full or partial defrayment by the employer of relocation expenses incurred by transferred or new employees in disposing of former living quarters; obtaining new living quarters; packing, storing, and shipping belongings; and traveling to the new location.

If the employer has different relocation policies for new hires and transferred employees, code for the policy applying to transferred employees.

Code relocation allowances according to the employer's policy rather than the percent of employees who use the benefit. Thus, even companies that relocate employees infrequently can be coded as having the benefit, if that is the policy.

Exclude payments provided by supplemental unemployment benefit (SUB) plans for relocation and moving expenses.

If the company pays full or partial cost when it requests the employee to move, code as having the benefit. Do not code for policies that apply when the move is at the employee's request.

An EDUCATIONAL ASSISTANCE program provides to the employee (not dependents) full or partial payment for tuition and/or books for training or educational courses. It includes expenses related to: (1), courses that permit the employee to acquire additional general knowledge, or (2), training sessions or courses that develop particular knowledge or skills. Code line 4a for training or courses which are related to the employee's job; code line 4b for training or courses which are not related to the job.

11.3 EDUCATIONAL/RELOCATION ALLOWANCE (Full or Partial Benefits) (Continued)

For example:

- A secretary is taking a course in word processing. Code as job related (4a).
- A secretary is being prepared by the company to be an administrative assistant, and is taking career advancement courses relating to that goal. Code as job related (4a).
- A systems analyst is taking courses in art appreciation in order to get a B.F.A. (Bachelor of Fine Arts) degree. Code as not job related (4b).

Include plans requiring a supervisor's approval before payment as in-scope; however, do not include on-the-job training or any other informal training arrangements as in-scope educational assistance.

11.4 TRANSPORTATION-RELATED BENEFITS

Collect the number of eligible employees for the following benefits that relate to transportation or commuting:

- Parking
- Subsidized commuting, and
- Travel accident insurance.

PARKING - Parking is provided for an employee's automobile while the employee is at work. Space is provided at a company-owned, public or commercial facility at no cost or below commercial rates. Commercial rates are fees charged by private or public parking facilities for parking privileges in the area. Free parking provided at a company, public, or commercial facility, including shopping centers and remote industrial parks, meets the definition. In some cases, the "free" employee parking at shopping centers is paid for in the employer's lease or rent. Also, include plans which give parking benefits only to employees in carpools and vanpools.

SUBSIDIZED COMMUTING - Employer subsidizes the employee's commute to work via public transportation, a company sponsored van pool, discount subway fares or bus tokens. Use of a company car does not qualify as subsidized commuting.

TRAVEL ACCIDENT INSURANCE (traveler's insurance) - A specific form of accidental death and dismemberment insurance. It provides payments in the event of the death or injury of an employee who is traveling on company business.

11.5 FINANCIAL COUNSELING AND LEGAL SERVICES

Collect the number of employees eligible for:

- Financial counseling and
- Legal services.

FINANCIAL COUNSELING is offered more frequently to high income employees. In many cases, this benefit may be offered only to executives. Check carefully to ensure that you only report eligible in-scope employees. Services frequently provided are:

- Annual tax preparation
- Preparation of wills (including estate planning)
- Analysis of insurance and defined benefit and defined contribution plan needs
- Design of short-term and long-term investments and
- General financial counseling (for example, budgeting and debt management).

Services are usually provided by an outside agency such as banks, insurance companies, brokers, compensation and benefit consultants, and accountants. Formal services provided in-house are in-scope for this survey.

LEGAL SERVICES are most often provided by law firms or service organizations; few are offered through insurance companies. Covered services frequently include job-connected and personal legal problems such as:

- workers compensation cases
- unemployment compensation disputes
- domestic cases (divorce)
- bankruptcy
- estate matters (wills and trusts)
- juvenile matters, and
- torts (personal injury and liability).

Collect plans even if they have certain restrictions on payments such as deductibles, coinsurance, or fee schedules.

Services provided by an in-house counsel must be formal to be in-scope for EBS. Legal services are one of the benefits that IRS allows as part of a flexible benefit (cafeteria) plan. Since we are coding eligibility, consider everyone who is eligible for a flexible benefit plan or a reimbursement account that offers legal services to be eligible as long as the employer contributes.

11.6 CASH BENEFITS

Collect the number of employees eligible for nonproduction cash bonuses. For nonproduction bonuses, report informal plans.

NONPRODUCTION CASH BONUSES are cash payments to employees under an established practice or a formal plan based upon such factors as attainment of general goals. Examples are: improving productivity, Christmas bonuses, length-of-service, performance of employee (but not directly depending on the results of an individual's output).

Nonproduction Cash Bonuses

- Christmas or year-end bonuses, attendance bonuses, length-of-service bonuses, **suggestion bonuses.**
- If the company pays the employee's share of social security, include this as a nonproduction bonus.
- Lump-sum productivity payments, as negotiated between the aerospace industry and the Machinists Union, providing an annual lump-sum payment equal to 3% of gross earnings are non-production bonuses.

Production bonuses, on the other hand, are payments which have a direct relationship to the output of a worker or group of employees (typically based on industrial engineering concepts). An example of a production bonus is when a company pays its employees a \$25 weekly bonus for every 50 units of output produced over and above the production quota. Exclude production bonuses. Also exclude cash profit sharing plans from the nonproduction cash bonus category; these are profit sharing plans. Exclude amounts received through the "cash option" of a flexible benefits plan; these amounts are considered in lieu of a benefit.

NOTE: Do not consider bonuses involving stock as nonproduction cash bonuses. They are either a gift (no trust fund) or a stock plan (trust fund purchases company stock).

11.7 FAMILY BENEFITS

Collect the number of eligible employees for the following benefits:

- | | |
|-----------------------|----------------------------|
| - Child care | - Eldercare |
| - Adoption assistance | - Long-term care insurance |
-

CHILD CARE pays, either fully or partially, for the cost of caring for an employee's children in a nursery, day care center, or by a babysitter, on or off the employer's premises, while the employee is at work.

Child care is one of the benefits that the IRS allows as part of a flexible benefit (cafeteria) plan. If employees are eligible for a flexible benefit plan or a reimbursement account offering child care, then code them as eligible in this section only if the employer contributes to the plan.

ADOPTION ASSISTANCE is financial aid given to either single or married employees for the purpose of covering all or part of the cost of adopting a child. Provide plan descriptions detailing the company plans (if any), or summarize the details in Remarks if no plan descriptions exist.

ELDERCARE - This benefit includes 1), paid or unpaid time off for the purpose of caring for sick or elderly parents, and 2), employer-paid or sponsored dependent care assistance. This question should not be coded if sick leave can be used to care for elderly dependents. Eldercare plans encompass:

- paid leave
- leave of absence policies
- employer-sponsored adult day care centers
- employer-subsidized day care for the elderly.

Exclude information and referral services, and leave granted under other plans (such as personal leave), as well as long-term care insurance (see below).

LONG TERM CARE INSURANCE - This is an additional group insurance item that pays full or partial benefits for long-term (more than one year) custodial care, home care, or nursing home care. Premiums are generally, though not necessarily always, employee-paid. Employee-paid insurance is in-scope. Coverage may be extended to active employees, retirees, and parents of active employees, or to dependents of active employees and retirees.

11.7 FAMILY BENEFITS (Continued)

These plans are separate from coverage for extended care facilities or home health care found in health insurance plans, which typically provide benefits for a limited period (such as 60 or 120 days), and are usually restricted to convalescent rather than custodial care.

11.8 HEALTH PROMOTION PROGRAMS

Collect the number of eligible employees for the following benefits: In-house infirmary, employee wellness programs, and employee assistance programs.

IN-HOUSE INFIRMARY - provides periodic physical examinations, medical care, and/or required medication on the employer's premises by physicians and/or nurses (RN's or LPN's) paid by the employer. Report nurses and medical facilities required by law as an in-house infirmary if they are paid for by the employer.

Infirmaries do not have to give examinations to be coded as a benefit. Infirmaries which provide only medical care and required medication on the employer's premises still meet the definition. Exclude infirmaries where nurses are employed to fill out medical paperwork only.

If infirmaries or medical facilities are offered to school personnel at the same (or lower) fixed semester fee charged to the students, report this as a benefit. Do not report as a covered benefit if school personnel are charged a medical fee for each visit. **Do not report in-house infirmaries at schools if coverage is limited to emergency first aid.**

Do not code hospital workers as having an in-house infirmary, if care at the hospital is covered under the worker's health care plan.

WELLNESS PROGRAMS - is a structured, separate plan (independent of Health Insurance) that offers employees two or more of the following benefits: Smoking cessation clinics, exercise/physical fitness programs, weight control programs, nutrition education, hypertension tests, periodic physical examinations, stress management courses, back care courses, and life style assessment tests.

Do not code a benefit as a wellness program if the only benefits provided are included in the health insurance plan. If you are not sure whether a program meets our definition, report it as in-scope and describe the program in "Remarks."

11.8 HEALTH PROMOTION PROGRAMS (Continued)

EMPLOYEE ASSISTANCE PROGRAM (EAP) - is a structured, separate plan (independent from Health Insurance) that provides employee referral services, or referral and counseling services concerning alcoholism, drug abuse, marital difficulties, financial problems, emotional problems, and legal problems. EAP's are closely related to employee wellness programs and typically deal with more serious personal problems than the essentially medical problems included in wellness programs. Assistance programs may also overlap with other benefits reported in EBS: Alcoholism, drug abuse treatment, mental health care provisions of health insurance plans, and financial counseling and legal services.

To be in-scope, an EAP must be fully or partially paid by the employer.

There are at least three main variations to EAP's:

1. Referral services
2. Referral and limited counseling services
3. Referral and complete counseling services

Both the referral and counseling services may be supplied by company personnel, by an outside organization under contract, or by a combination of both.

11.9 MISCELLANEOUS BENEFITS

Collect the number of eligible employees for the following wide-ranging benefits:

- Recreation facilities
 - Subsidized meals
 - Sabbatical leave
-

To be considered a RECREATION FACILITY, the employer must either fully or partially defray the cost of providing recreational benefits such as swimming pools, tennis courts, gyms, uniforms and trophies; or membership in country clubs, resort facilities, etc. The employer must spend at least \$500 a year for all employees before you can code the existence of this benefit.

Example: The company pays \$400 per year for maintaining basketball courts and jogging paths. Code for no benefit (0).

Example: The company baseball team costs the company \$650 per year. The company supplies uniforms, balls, bats, and trophies. Games are played on public baseball fields. The company provides a recreational benefit, even though it is not in a Company-owned facility.

Do not report university and college faculty and support staff as having recreational facilities if the only facilities provided were established and intended primarily for student use. However, if certain facilities (such as golf courses, fitness clubs, etc.) are offered free to school personnel but at a charge for students, then report this as a covered benefit.

Exclude subsidized health club membership in a health club establishment; include these as employee discounts.

SUBSIDIZED MEALS are provided by a program under which the employer either fully or partially defrays the cost of employee meals served in cafeteria, dining room or similar facilities on the employer's premises, or pays membership fees and/or the cost of meals in dining clubs or restaurants.

Exclude meals provided to employees of establishments that prepare or sell food on a commercial basis (for example, restaurants, department store dining rooms, caterers, grocery stores). Include these as employee discounts. Exclude meals which must be business-related to be subsidized.

11.9 MISCELLANEOUS BENEFITS (Continued)

SABBATICAL LEAVE is a leave of absence with full or partial pay for study, research, public service, etc., or leave without pay, for such reasons, if the employer pays all or part of the cost of certain employee benefits, such as insurance or pensions. Include employees who can only take sabbatical leave periodically, such as every five or seven years. Exclude employees on maternity leave or other types of leave granted because an employee is unable to work.

11.10 GIFTS AND EMPLOYEE DISCOUNTS

Collect the number of eligible private-sector employees only for the following benefits:

1. Gifts
2. Employee discounts.

Do not collect these benefits for government employees. Only collect these benefits for private-sector employees.

GIFTS are noncash non-production bonuses given regularly to employees on Thanksgiving, Christmas, at vacation time, upon reaching specified length-of-service periods, or similar occasions. To be included in this survey, gifts must have an average retail value of at least \$25 each. To determine if something is a gift, use the following guidelines:

- If the company's policy is to award various gifts (watches, jewelry, etc.) to employees at a specified length-of-service interval, consider this to be a gift and code it as such.
- Code Christmas (or other holiday) parties as gifts if the cost per employee per year is \$25.00 or more.
- Gifts are always noncash.
- Include as a gift bonuses paid in the form of company stock given directly to the employee with no trust fund involved.

Exclude:

- Performance share units (even if no trust is established)
- Restricted stock plans

See Chapter 10, for these two executive benefits.

An EMPLOYEE DISCOUNT is the difference between the retail selling price and the price the employee pays when purchasing the employer's goods and/or services. It is a policy which permits the employee to purchase the employer's goods and/or services at a price below the regular retail selling price at the time of purchase. This benefit is not limited to retail and wholesale trade establishments, and includes reduced rates given to employees of conglomerates (for example, rental car discounts, hotel rooms, etc.) on other products and services of the conglomerate.

11.10 GIFTS AND EMPLOYEE DISCOUNTS (Continued)

Discounts are limited to goods and services provided by either the company itself or its affiliates. The discount must be an actual reduction of the retail selling price. Simply absorbing sales tax on employee's purchases is not an employee discount.

11.11 NAME AND DATE OF PLAN DESCRIPTIONS PROVIDED

The record of plan descriptions provided will be helpful to the field economist in the future. Using this list, you can avoid asking for the same plan descriptions supplied previously. Also, list enclosed supplements or amendments to plans still in effect.

Record the name and date, either printing date or effective date, of all **enclosures** sent to Washington with each schedule. Include **plan descriptions, schedule of benefits, plan riders, supplements, certificates of coverage, etc.** You will not have the actual plan description when collecting the schedule again, so be as specific as possible when writing the plan description title. Print the title legibly so that the list can be keyed. Limit the title to 50 characters and one line.

12.0 OVERVIEW OF POST-COLLECTION ACTIVITIES

What happens to the schedule after it has been collected? Why does it take such a long time to analyze the data and produce a bulletin? Two reasons are that, first, unlike most OCWC surveys, all detailed analysis and tabulations are performed in Washington. Second, both the volume and the level of analysis (due to the nature of EBS data) is much greater than for most other OCWC surveys. Crucial to analysis and tabulation are:

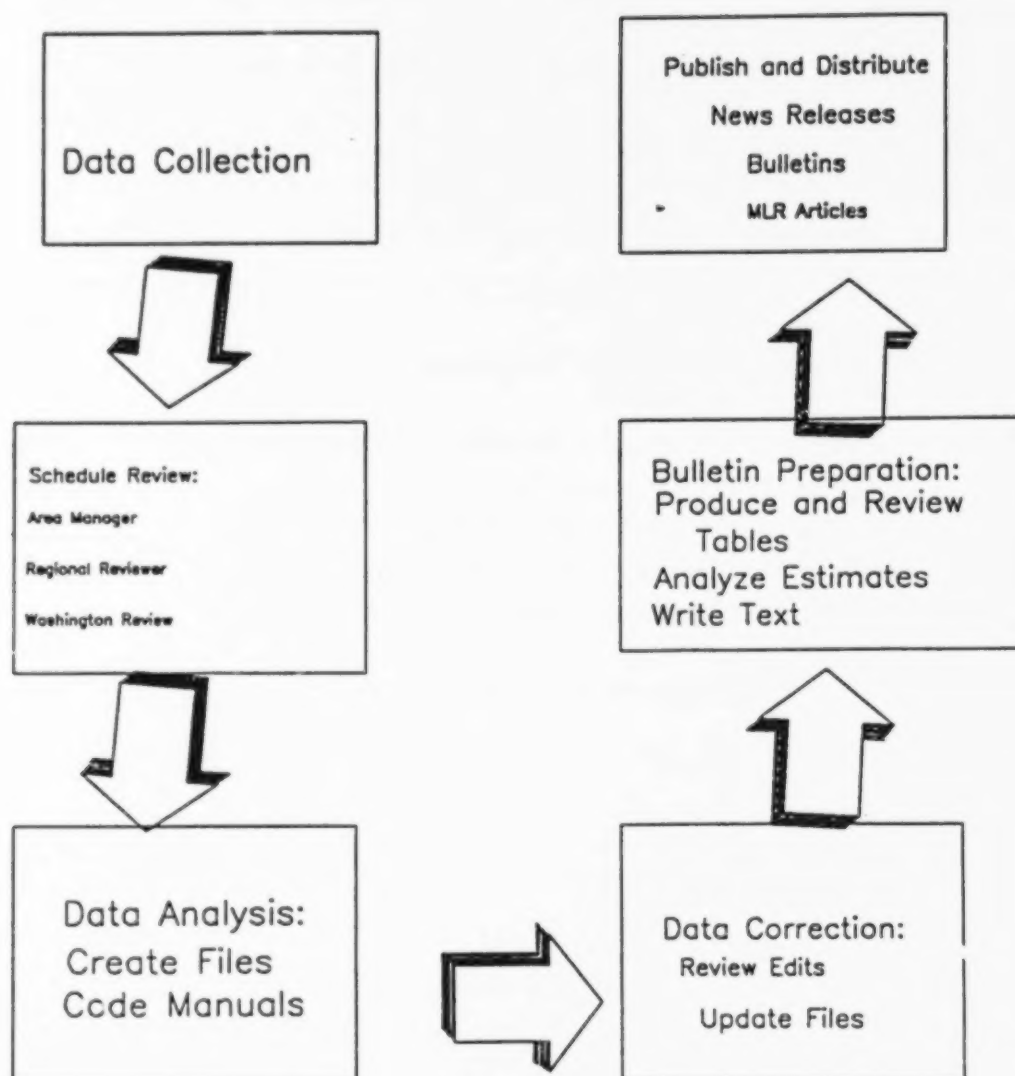
- accurate participation data and
- detailed plan descriptions.

A thorough review in the region is essential to ensure that enough data for analysis have been collected. This chapter briefly describes the write up and review process (in both the region and Washington), how the bulletin is prepared and distributed, and what input the regions have in the survey.

<u>Section</u>	<u>Title</u>	<u>Page</u>
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12.3	Administrative reports	229
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EXHIBIT 12.0

EBS DATA FLOW



12.1 SCHEDULE WRITE UP: COMPLETE AND PARTIAL SCHEDULES

Each complete or partial schedule (a partial schedule contains some participation and/or provision data) gets a thorough analysis in Washington. If you have trouble coding a plan, write the problem in Remarks. The EBS/ECI Reviewer can then telephone Washington for correct coding. The ECI/EBS Schedule number and split code is the survey identifier. Be sure that all plan descriptions, insert sheets and forms have the same schedule number and split code written on them.

COMPLETE OR PARTIAL SCHEDULES

Definitions

A complete or a partial schedule contains participation or provisions data for at least some of the benefits. EBS does not differentiate between complete and partial schedules, they both can have establishment response codes of "1" or "7".

Coding Complete or Partial Schedules

- Use the instructions on the form, in the Reference Guide, and in this manual. (These may be supplemented by additional documentation requirements from the regional Survey Manager.)
- Include any insert sheets with the standard form. Do not staple the inserts to the form. Use the 3111 Jacket to hold everything.
- Be sure to write the establishment name and ECI/EBS schedule number and split code on each form, plan description and insert sheet. This is the identifier used for both EBS and ECI.
- Each schedule will be analyzed in Washington. If you are unsure of how to code a plan, include it in the schedule and specify the problems in Remarks. Washington can then decide whether or not to use the plan. Include a plan description, if available.

12.2 SCHEDULE WRITE UP: UNUSABLE SCHEDULES

Complete a 3111 Jacket for each sample unit, even though the schedule is unusable. Unusable schedules do not have either employment or plan data. These are either out-of-business, out-of-scope, refusals, duplicates or merged schedules. Basically, when writing up an unusable schedule, fill out all the information that you can.

General Coding for Unusable Schedules- For all unusable schedules, you must fill out Sections 1-4 and 7 of the 3111 Jacket. If an establishment is out-of-scope, specify the reasons on the ECI Jacket or on an SO-162 form. No other information is needed for out-of-business, out-of-scope, duplicate, or merged schedules. Special instructions for coding refusals and for transmitting duplicates/merges follows.

REFUSALS

Definition- Refusals are schedules with:

- no provisions or participation data, or
- establishment employment data only (with no plan provision or participation data)
- no quotes (If the respondent refused to let you subsample to a quote, this is an EBS refusal even though the company was willing to provide establishment benefit data.)

Refusals are coded EBS Response Code "4".

DUPLICATES AND MERGED SCHEDULES

Transmitting Duplicates and Merged Schedules - Schedules with establishment response code "5" (Duplicate/Merged) may require weight adjustments in Washington. Hand in these schedules at the same time as their accompanying usable schedules.

- A code "5" (Merged) schedule must be accompanied by a code "7" (Other) schedule. This means that the unit was not collected as originally assigned.
- A code "5" (Duplicate) schedule will be accompanied by a usable schedule (code "1") or a refusal (code "4"). For the duplicate schedule with no data, use code "5".

Required Documentation - Put all notes explaining the situations on the complete schedule. Include the following in Remarks:

- Schedule number of the merged or duplicate schedule
- Total employment figures for both schedules

SPLIT CODES

When an establishment is split into two or more units for collection, using the split code that appears after the schedule number, transmit all related schedules together. Each piece of the split schedule should be given an EBS response code of "7".

12.3 ADMINISTRATIVE REPORTS

Field economists are required to prepare two administrative reports for the EBS: Form SO-1 and the end-of-survey (EOS) report.

For travel time, charge all travel costs for: 1), EBS schedules only (for example, conversions) to the EBS PAS code 632A_ and 2), ECI/EBS joint visits (for example, initiations) to the ECI PAS code 639U_.

1. Data Collection Time (Form SO-1)

Allocate your time between ECI and EBS as accurately as possible. Complete the SO-1 report in accordance with standard SO-1 instructions. EBS and ECI PAS codes for each year are issued separately when the sample is forwarded to the field. Ask your Survey Manager for the appropriate codes.

2. Travel Costs

Charge all travel costs for joint ECI/EBS initiations to ECI, code 639U_. Charge travel costs for an EBS only visit to EBS, code 632A_.

The fifth digit will always be the last digit of the fiscal year. For example, travel costs for a joint initiation in FY92, which runs from October 1991 to September 1992, would be charged to 63942

12.3 ADMINISTRATIVE REPORTS (Continued)

3. End-of-Survey Report

End-of-survey reports are a useful tool in Washington's analysis of data collection problems and suggestions for improvement. Over the years, many changes have been made as a direct result of issues addressed in end-of-survey reports. By including the following topics in your end-of-survey report, you will ensure that your report is comprehensive:

- Your name
- Location (Region/Area)
- Experience on EBS and on ECI
- The composition of your assignment
- Number of establishments that you initiated into both surveys
- Principal industry divisions
- Respondent cooperation
- Survey instructions (Manuals, Reference Guide)
- Forms and Worksheet
- Industry-specific or general benefit trends
- Overall impression of this year's survey
- Conflicts/problems with ECI
- Recommendations.

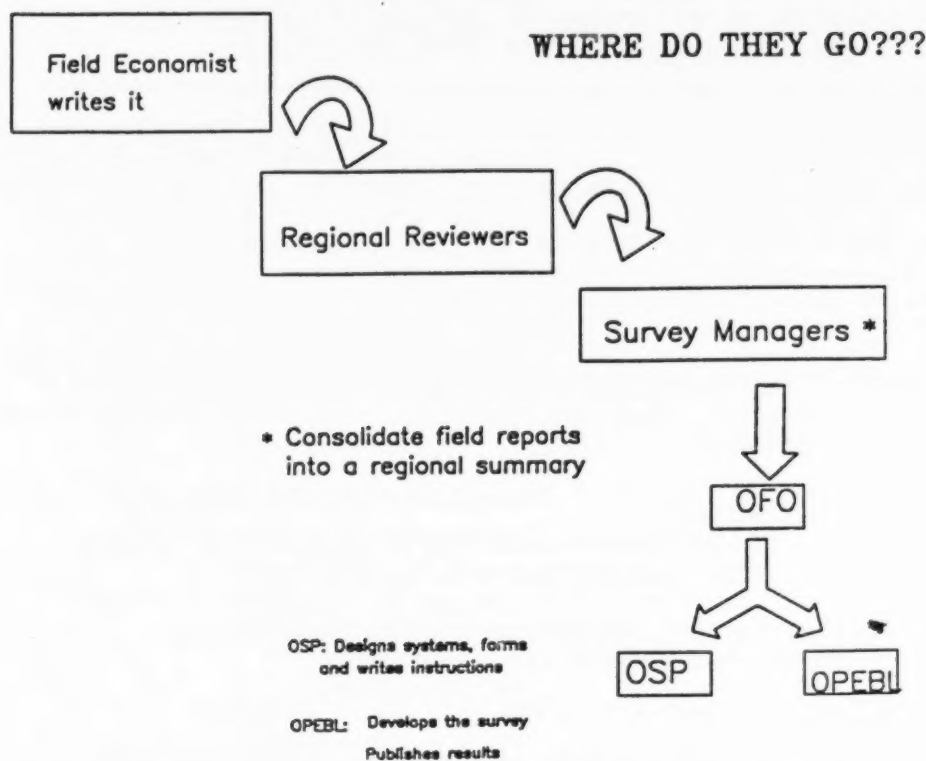
When there are major changes to the EBS, we will issue an end-of-survey report form. Such forms have been used successfully in past surveys. The structured end-of-survey report is not designed to inhibit you in any way. Rather, it focuses on specific aspects of the forms, manual and training. Use of the form is optional. If you are more comfortable writing your report in memo form, please do.

Your end-of-survey report will be reviewed by your EBS/ECI Schedule Reviewer and the Survey Manager. Survey Managers then summarize the individual field economist's reports and send the summary to the Office of Field Operations (OFO) in Washington. OFO then distributes the reports to the other Washington Offices, who decide which changes and improvements to make next survey. Also, the program office uses the reports in analyzing the data and writing survey publications.

EOS reports are required for medium and large firms in odd years (1991, 1993, etc.) and small firms and governments in even years (1990, 1992, etc.).

Exhibit 12.3

End of Survey Reports



12.4 SCHEDULE REVIEW: SELF-REVIEW

Schedule review is an essential part of the data collection process. Without it, data may be omitted or erroneously coded and entered into the processing system. Once into the system, it is both time consuming and costly to make corrections. A returned schedule can often be a burden, particularly if substantial time has elapsed since it was collected. However, by spending a few minutes on self-review, you can eliminate the majority of problems which produce returned schedules.

The majority of schedules returned for clarification are for more documentation, for plans which are inconsistent with industry or union practice, unreadable provisions, or conflict with plan descriptions. By reviewing your schedule against the following checklist, you can reduce the chance of your schedule being returned for these reasons.

GENERAL REVIEW

1. Are all benefits and selected occupations accounted for?
2. Is all coding complete?
Particularly for:
 - 3111 Jacket - Section 4
 - "Health type", "Life type", and "Retirement type" codes for Health and Life insurance, and Retirement
3. Have you serialized plan numbers and duplicated other identifiers when insert sheets are included?
4. ECI/EBS agreement?
 - a) Office use only coding must be identical for the SIC
 - b) Employment Agreement at initiation - By Total and by Hit
 - c) Footnotes on both schedules
5. Is employee participation valid?
 - sum of participants must be less than or equal to the selected occupation's employment for each benefit area
 - participation is reasonable in defined benefit and defined contribution combination plans

12.4 SCHEDULE REVIEW: SELF-REVIEW (Continued)

6. For medium and large firms and governments, are workers receiving all of the following benefits?
- Paid holidays (except teachers)
 - Vacations (except teachers)
 - Sick leave or S&A
 - Health Insurance
 - Defined Benefit or Defined Contribution
 - Life insurance
 - Work schedule
- If not, why not?
7. Are the necessary plan descriptions provided?
- If not, have you documented their absence?
 - **If plan descriptions are not provided, have you documented collection attempts with secondary sources? (for example, insurance companies, union stewards, etc.)**
 - Have you completed the plan description list?
 - Have you included all plan descriptions and supplements on the plan description list?
8. Have you documented unusual situations?
- Central office arrangements
 - More than one respondent
 - Absence of benefits for a hit
 - Unusual benefit plans
 - more than one work schedule
 - double coverage
 - Absence of, or major changes in, a plan from last survey
 - Large differences in assigned and scheduled employment
9. Are data reasonable and consistent?
- with industry or union practice
 - within occupations
 - reasonable work schedule, vacation plan, number of holidays, personal leave, and sick leave
 - if not "reasonable," have you documented the situation?
10. Have you completed the required documentation for complete and unusable schedules? (See Sections 12.1 and 12.2 of this Manual.)

12.4 SCHEDULE REVIEW: SELF-REVIEW (Continued)

SPECIFIC ITEMS FOR REVIEW

11. Do vacation benefits increase with length of service?
12. Have you completed the Sickness and Accident Insurance Combination section, if needed?
13. Have you made defined benefits and defined contribution combinations, if needed?
14. Are employee contributions coded in the insurance sections?

12.5 SCHEDULE REVIEW: WASHINGTON REVIEW

Both the Regional and the Washington Office give each schedule a thorough review. Since the Regional reviewers see the schedule first, they find most coding errors, omissions and inconsistencies. Washington reviewers then take a closer look for consistency and reasonableness of data. Regions are required to transmit schedules to Washington on a rigid time table and often there is not time for an in-depth analysis of each benefit. Therefore, it is the Washington reviewer's responsibility to check for such items as consistency with union or industry practice, plan by plan comparison with last survey's data (if available), and the overall consistency of the individual plans and the schedule as a whole.

At the beginning of each survey year, Washington schedule review also serves a training function. Schedules may be returned to alert the regions of systematic coding errors or errors in interpretation.

After initial schedule review and clarification, Washington enters the "DC use only" codes and completes the Coding Manuals.

12.6 HOW TO REPLY TO A REQUEST FOR CLARIFICATION

Requests for clarification of data come in many styles: Verbal and written, formal and informal. Although we will only discuss the formal, written request for clarification and how to reply, this discussion applies to any type of request.

Schedules can be returned for clarification primarily from three sources: The Regional reviewer, the local area manager, and the Washington reviewer (although in some cases supervisors and senior field economists also return schedules depending on Regional Office procedures). How the request for clarification is made varies among Regions: Some may use a two-way memo, others a special form, and some may use informal notes or verbal communication. The Washington Office returns schedules for clarification via the SO-55--Request for Clarification. In all cases, the reviewer is requesting you to provide either an answer to a question or more detail on a particular data element or set of elements within the schedule. These questions can range from simple address documentation to questions on a benefit's inconsistency with union practice.

Schedules may also be returned as a training tool to point out systematic coding errors or misinterpretations. When you receive a request for clarification, research the particular point in question, correct or document the data in the schedule if necessary, and provide some feedback to the reviewer. The more thorough your reply to the question, the less likely it is that the schedule will be sent back a second time. Particularly, if there is a coding error on a certain plan, check the other plans or benefits for a similar error. Making your schedules as accurate as possible before you submit them will reduce the number of clarification requests.

12.7 WASHINGTON BULLETIN PREPARATION

The EBS bulletin is produced approximately 22 months from the collection start date. The major steps involved and the responsible offices** are:

- Collect Schedules (RO's)
- Review, key and correct schedule data by updating and editing paid leave databases; prepare coding manuals (describing insurance and retirement plans) for analysis (DOPEBL/DCPS)
- Creating paid leave databases (DOPEBL/DCPS)
- Analyze, key and correct coding manual data creating Retirement Insurance System database (DOPEBL/DCPS)
- Create and edit Survey Control Database (DOPEBL/DCPS/SMG)
- Compute nonresponse adjustment factors and add to Survey Control Database (DOPEBL/SMG/DCPS)
- Produce and verify paid leave, insurance and defined benefit and defined contribution tables (DCPS/DOPEBL/SMG)
- Analyze estimates and write text for news release and bulletin (DOPEBL/SMG)
- Print and distribute news release and bulletin (OPUB/DOPEBL)

Bulletin Timing and Distribution

The EBS bulletin will be issued in the year following collection. In addition to copies for sale, supplies of free bulletins are shipped to the regional offices directly from the printer. The regions mail one copy of the EBS bulletin to every authorizing and supplying official for that year, and give the extra copies to new respondents in the next year.

The EBS news release is issued several months before the bulletin.

There will also be articles appearing occasionally in the Monthly Labor Review analyzing various aspects of leave, insurance, and pension plans. The information in these articles is largely extracted from EBS data files. See the following pages for a current list of EBS articles, bulletins, and special reports.

** Office Acronyms

RO	= Regional Offices
DCPS	= Division of Directly Collected Periodic Surveys
SMG	= Statistical Methods Group
OPUB	= Office of Publications
DOPEBL	= Division of Occupational Pay and Employee Benefit Levels

EXHIBIT 12.7EBS BULLETINS AND ARTICLESBulletins

- Report 615. Employee Benefits in Industry: A Pilot Survey, July 1980.
- Bulletin 2107. Employee Benefits in Industry, 1980, September 1981.
- Bulletin 2140. Employee Benefits in Medium and Large Firms, 1981, August 1982.
- Bulletin 2176. Employee Benefits in Medium and Large Firms, 1982, August 1983.
- Bulletin 2213. Employee Benefits in Medium and Large Firms, 1983, August 1984.
- Bulletin 2237. Employee Benefits in Medium and Large Firms, 1984, July 1985.
- Bulletin 2262. Employee Benefits in Medium and Large Firms, 1985, July 1986.
- Bulletin 2281. Employee Benefits in Medium and Large Firms, 1986, June 1987.
- Bulletin 2309. Employee Benefits in State and Local Governments, 1987, May 1988.
- Bulletin 2336. Employee Benefits in Medium and Large Firms, 1988, August 1989
- Bulletin 2362. Employee Benefits Survey: An MLR Reader, June 1990
- Bulletin 2363. Employee Benefits in Medium and Large Firms, 1989, June 1990

Articles

- * Allan P. Blostin, "Is Employer-Sponsored Life Insurance Declining Relative to Other Benefits?" Monthly Labor Review, September 1981.
- * Robert Frumkin and William Wiatrowski, "Bureau of Labor Statistics Takes a New Look at Employee Benefits," Monthly Labor Review, August 1982.
- * Donald Bell and William Wiatrowski, "Disability Benefits for Employees in Private Pension Plans," Monthly Labor Review, August 1982.

EXHIBIT 12.7 (Continued)EBS BULLETINS AND ARTICLESArticles (Continued)

- * Allan P. Blostin and William Marclay, "HMO's and Other Health Plans: Coverage and Employee Premiums," Monthly Labor Review, June 1983.
- * Douglas Hedger and Donald Schmitt, "Trends in Major Medical Coverage During a Period of Rising Costs," Monthly Labor Review, July 1983.
- * Donald Bell and Avy Graham, "Surviving Spouse's Benefits in Private Pension Plans," Monthly Labor Review, April 1984.
- * Donald Bell and Diane Hill, "How Social Security Payments Affect Private Pensions," Monthly Labor Review, May 1984.
- * Donald Schmitt, "Post-Retirement Increases Under Private Pension Plans," Monthly Labor Review, September 1984.
- * William Wiatrowski, "Employee Income Protection Against Short-Term Disabilities," Monthly Labor Review, February 1985.
- * Michael Miller, "Age-related Reductions in Workers' Life Insurance," Monthly Labor Review, September 1985.
- * Donald Schmitt, "Today's Pension Plans: How Much Do They Pay?", Monthly Labor Review, December 1985.
- * Robert Frumkin, "Health Insurance Trends in cost Control and Coverage," Monthly Labor Review, September 1986.
- * Donald Bell and William Marclay, "Trends in Retirement Eligibility and Pension Benefits, 1974-83," Monthly Labor Review, April 1987.
- * Allan P. Blostin, "Mental health Benefits Financed by Employers," Monthly Labor Review, July 1987.
- * Diane B. Hill, "Long Term Disability Insurance From the Employee Benefits Survey, 1985," Monthly Labor Review, July 1987.
- * Avy D. Graham, "How has vesting changed since passage of Employee Retirement Income Security Act," Monthly Labor Review, August 1988.
- * Rita S. Jain, "Employer-sponsored vision care brought into focus," Monthly Labor Review, September 1988.
- * Rita S. Jain, "Employer-sponsored dental insurance eases the pain," Monthly Labor Review, October 1988.
- * William J. Wiatrowski, "Comparing employee benefits in the public and private sectors," Monthly Labor Review, December 1988.

EXHIBIT 12.7 (Continued)EBS BULLETINS AND ARTICLESArticles (Continued)

- * Allan P. Blostin, Thomas P. Burke, and Lora M. Lovejoy, "Disability and insurance plans in the public and private sectors," Monthly Labor Review, December 1988.
- * Lora Mills Lovejoy, "The comparative value of public and private pensions," Monthly Labor Review, December 1988.
- * James N. Houff and William J. Wiatrowski, "Analyzing short-term disability benefits," Monthly Labor Review, June 1989.
- * Cynthia Thompson "Compensation for death and dismemberment," Monthly Labor Review, September 1989.
- * Adam Z. Bellet, "Employer-sponsored life insurance: a new look," Monthly Labor Review, October 1989.
- * Joseph R. Meisenheimer II, "Employer provisions for parental leave," Monthly Labor Review, October 1989.
- * Joseph R. Meisenheimer and William J. Wiatrowski, "Flexible benefit plans: employees have a choice," Monthly Labor Review, December 1989.
- * William J. Wiatrowski, "Supplementing retirement until social security begins," Monthly Labor Review, February 1990.
- * William J. Wiatrowski, "Family related benefits in the workplace," Monthly Labor Review, March 1990.
- * Margaret Simons and Cynthia Thompson, "Life insurance benefits for retired workers," Monthly Labor Review, September 1990.
- * Stephanie Hyland, "Helping employees with family care," Monthly Labor Review, September 1990.
- * Publications in Preparation:
 - * Monthly Labor Review articles on:
 - Employer provided survivor income benefits
 - Factors influencing participation in savings plans
 - A model of the value of health care benefits
 - Extended care, home health care, and hospice care
 - * Benefits chartbook

APPENDIX: STATE CODES FOR EBS

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Vermont.....13

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New York.....21
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